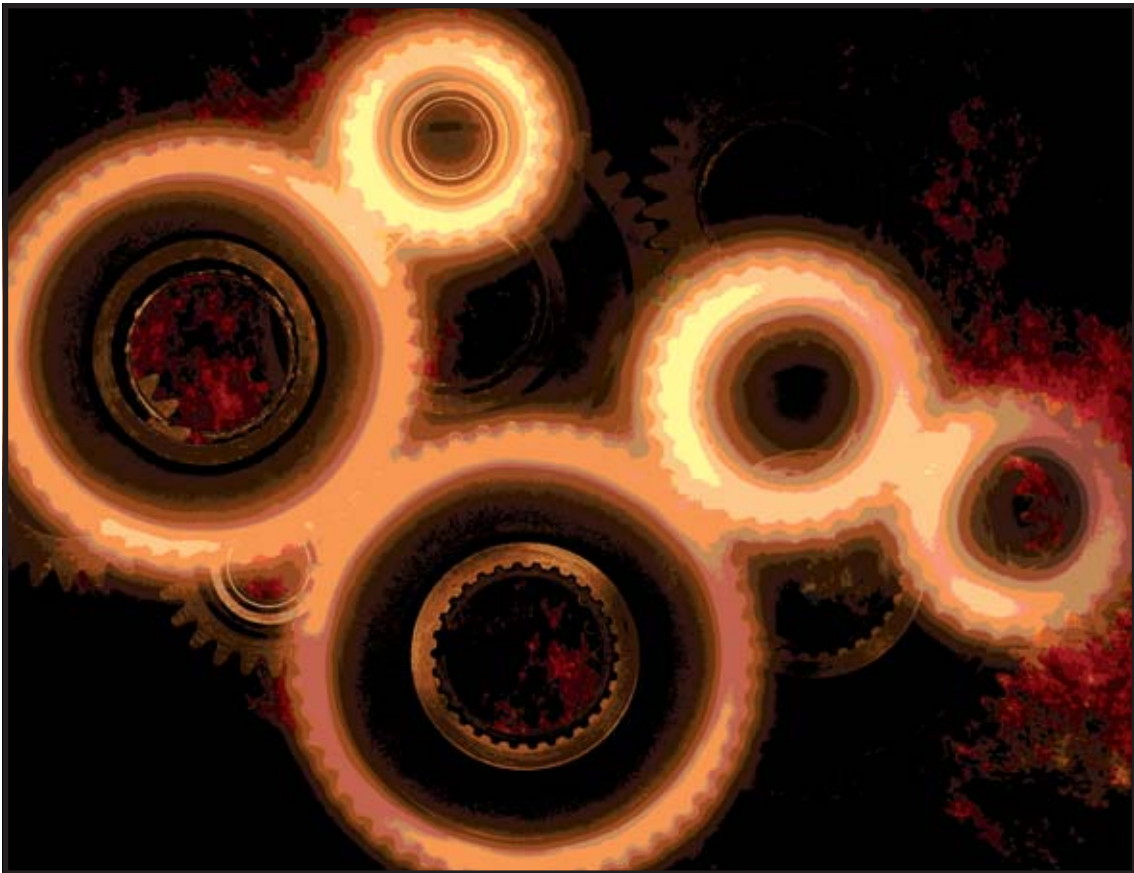


HIV/AIDS, Economics and Governance in South Africa

**A BIBLIOGRAPHIC REVIEW
2002**



HIV/AIDS, Economics and Governance in South Africa

A Bibliographic Review

Compiled by

The Centre for AIDS Development, Research
and Evaluation (Cadre) on behalf of USAID through the
Joint Center for Political and Economic Studies.

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Note

This document represents a companion document to a Literature Review that draws on the titles listed. Abstracts are a combination of author developed abstracts, where these have been available, and original abstracts by the authors of this Bibliographic Review. It is intended that this document be updated on a regular basis. Listed authors are welcome to forward abstracts where there are none, or to suggest alternative abstracts. Suggestions for inclusion of more recent research or omissions are also welcome.

Searchable database

A searchable database of this bibliography is available at www.cadre.org.za

Contact information

The Centre for AIDS Development, Research and Evaluation (Cadre) is a South African non-profit organisation with offices in Johannesburg and Grahamstown.
Contact cadrejhb@cadre.org.za.

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This Bibliographic review was commissioned by USAID through the Joint Center for Political and Economic Studies and was undertaken by the Centre for AIDS Development, Research and Evaluation (Cadre) from January to March 2002.

The literature formed the basis for a series of commissioned chapters by authors working in the field. Authors submitted additional references for inclusion in this review. The bibliographic review and literature review are available as Adobe Acrobat documents via the Cadre website – www.cadre.org.za. In addition, the bibliographic review is available as a keyword searchable database on the website.

Objectives of the review

- ❑ To identify completed and ongoing research conducted on the economic impact of HIV/AIDS and its impact on governance in South Africa;
- ❑ To provide a comprehensive bibliography of literature in the area;
- ❑ To make a preliminary assessment of the quality of the existing research, to identify trends and gaps in the research, to identify priority areas for research, and especially to identify the types of research which could contribute significantly to improving the response to the epidemic;
- ❑ To identify problems associated with existing research and to identify how these might be addressed in future research;
- ❑ To identify key researchers, research programmes and research resources in the area.

Search methodology

Electronic searches were done using the following:

- ❑ Search engines: www.google.com, www.ananzi.co.za
- ❑ Subscribed electronic databases: Ebscohost, Science Direct, AIDS Search, African Health Anthology, SA Studies, Nexus, Sabinet, ECONbase, AIDSline and POPLINE. These databases are subscribed to by Rhodes University.
- ❑ Non-subscribed data base: Humanities and Social Science Index
- ❑ Websites: websites that are particularly related to economics and AIDS were identified and searched for relevant articles and references. Amongst these the most useful were the publications sections of:
 - AEGIS (www.aegis.com)
 - Centre for Health Policy (www.healthlink.org.za/chp)
 - Centres for Disease Control (CDC) (www.cdc.org)
 - Children in Distress (www.togan.co.za/cindi)
 - Department of Social Development (www.welfare.gov.za)
 - Family Health International (www.fhi.org)
 - Food and Agriculture Organisation (FAO) (www.fao.org)
 - Harvard AIDS Institute (www.hsph.harvard.edu)
 - Health Systems Trust (www.hst.org.za)
 - Healthlink (www.healthlink.org.za)
 - HEARD (Health Economics and HIV/AIDS Research Division) (www.und.ac.za/und/heard/)
 - Horizons Project (www.popcouncil.org)
 - International AIDS Economics Network (IAEN) (www.iaen.org)
 - Metropolitan Life (www.redribbon.co.za)

- Partnerships for Health Reform (www.phrproject.com)
 - Program for Appropriate Technology in Health (PATH) (www.path.org)
 - SafAIDS (www.saf aids.org)
 - The Actuarial Society of South Africa (ASSA) (assa.org.za/committees/aids)
 - The Futures Group (www.tfgi.com)
 - UNAIDS (www.unaids.org)
 - United Nations Development Programme (UNDP) (www.undp.org)
 - USAID (www.usaid.gov)
 - World Bank (www.worldbank.org)
 - World Health Organisation (WHO) (www.who.int)
- Keywords / phrases for electronic searches included combinations of the following: HIV/AIDS, HIV, AIDS, South Africa, Africa, Southern Africa, governance, government, economic policy, macroeconomic, impact, expenditure, productivity, assets, distribution, growth, fiscal, financ*, labour, firm, workplace, sectoral, poverty, social capital, livelihood, welfare, inequality, employment, savings, investment, demog*, cost, indust*, house*, health.
 - When searching websites, publication lists were searched first. References in publications were also searched for, if deemed relevant.
 - The CADRE Grahamstown and Johannesburg resource libraries were hand searched. The resource rooms include published and unpublished materials.
 - The Rhodes University and UNISA library catalogues were also searched
 - Abstracts from conferences were also searched.

As far as possible, presentations from conferences were accessed via conference websites, CD-ROMs, and directly from authors. It must be noted however that in some instances abstracts of presentations are included in conference programmes and proceedings without necessarily being presented.

Some 780 texts have been identified for inclusion in this review. However, in spite of this volume of information, there remains a paucity of South Africa specific research. Key international and developing country texts can however be utilised to expand understanding of the South African context and these have been included.

Abstracts, where available, have been included in the bibliographic review. Additional abstracts were developed based on readings, and many of the references listed in the bibliographic review include abstracts.

Articles of a commentary nature in financial weeklies and journals have been omitted.

Problems encountered with searches included:

- Other than the International AIDS Economic Network (IAEN), there are no central search sites for literature on economics and AIDS. This is due to it being such a diverse topic that affects all aspects of AIDS research and work practice. Therefore, the searches were time consuming with just a couple of applicable results from each source.
- Related to this is the fact that issues related to AIDS and economics are so closely linked that they are difficult to separate out into categories warranting specific exploration.
- A fair amount of the literature on AIDS and economics is not in the form of published research, but is mainly found in 'grey literature' related planning and government documents, or reports of research in workplaces which tend to remain outside of the public domain.

Access to literature

A considerable proportion of the identified literature was available in the public domain on the Internet. This included full articles, summaries and abstracts, available via the home pages of referenced journals (eg. The Lancet at www.thelancet.com; British Medical Journal at www.bmj.com), as well as through the websites listed above. In general it is possible to obtain literature available on the internet by typing an author name or title into a search engine such as www.google.com and following the emerging links.

Classification of texts

The texts in this bibliographic review have been loosely classified under the following headings:

- Macroeconomics and HIV/AIDS
- HIV/AIDS and demographics
- Governance, sectoral impacts and responses
- Industry and workplaces
- Households, communities and HIV/AIDS
- Issues of treatment, care and support
- International trade and HIV/AIDS
- Behavioural response and social issues

The loose classification provides a sense of the areas of focus of the literature, as well as facilitating access for specialised research studies. It is accepted that a number of texts do not fit neatly into the above categories, and it is suggested that readers review related category sections. A keyword searchable database of the texts is also available at www.cadre.org.za. This database will be updated regularly and writers in the field are welcome to submit their work for inclusion. Authors included in this review are encouraged to submit abstracts where there are none.

African Development Forum (2000)

HIV/AIDS and economic development in sub-Saharan Africa

African Development Forum, Addis Ababa

This paper discusses the economic impact of HIV/AIDS. It begins by evaluating the strengths and limitations of existing methodologies for measuring the impact of disease burdens generally and of HIV/AIDS in particular. It then traces the overall macroeconomic impact of the disease, followed by an in-depth analysis of its impact on households for both current and future generations, as well as other effects on the economy. Finally, it looks at costs to future generations and concludes with an analysis of the economics of prevention and treatment

AIDSCAP (1996)

AIDS in Kenya: Socioeconomic impact and policy implications

Family Health International (FHI) and AIDSCAP, Washington DC

Ainsworth M & Over M (1994)

The economic impact of AIDS in Africa

In: M Essex et al, AIDS in Africa, Raven Press, New York

Ainsworth M, Fransen L & Over M (1998)

Confronting AIDS: Evidence from the developing world

World Bank, Washington DC

The book contains 17 previously unpublished studies commissioned as background for the World Bank report. Most of the studies were launched by the World Bank and the European Commission in early 1996. Sections cover: AIDS and development, HIV prevention policies, impact on the health sector and on households. Available online: <http://europa.eu.int/comm/development/aids/limelette/html/limcontents.htm>

Ainsworth M, Fransen L & Over M (1997)

Confronting AIDS: Public priorities in a global epidemic

World Bank, Washington DC

This comprehensive book contains information and analysis for policy-makers, development specialists, and public health experts. It is based on the assumption that public health policy can directly influence individual high-risk behaviour. This is explored in the areas of the subsidisation of the treatment of STDs, of the subsidisation of blood safety, and of the provision of access to health care for the poorest.

Alban A & Guinness L (2000)

Socio-economic impacts of HIV/AIDS in Africa

UNAIDS, ADF 2000 (Powerpoint presentation), Addis Ababa

Arndt C & Lewis JD (2000)

The macro implications of HIV/AIDS in South Africa: A preliminary assessment

South African Journal of Economics

In this paper, the authors report on the preliminary results from an analysis of the macro impact of HIV/AIDS in South Africa. They have constructed an economy-wide simulation model that embodies the important structural features of the South African economy, into which they have added major impact channels of the HIV/AIDS epidemic. Using available demographic estimates for the impact of the epidemic (on labour supply, death rates, and HIV prevalence) along with assumptions about behavioural and policy responses (household and government spending on health, slower productivity growth), they use the model to generate and compare two scenarios: a hypothetical 'no-AIDS' scenario in which the economy continues to perform as it has over the last several years, and an 'AIDS' scenario in which the key AIDS-related factors affect economic performance. Focusing on the differential between the no-AIDS and AIDS scenarios, they find that the impact of the epidemic could be substantial. Over the 1997-2010 simulation period, GDP growth rates in the two scenarios diverge steadily, reaching a maximum differential of 2.6% points. The result is a GDP level in 2010 that is 17% lower in the 'AIDS' scenario; an alternative measure of 'non-health, non-food absorption' is 21% lower by 2010. While some of this decline is due to the lower population associated with the 'AIDS' scenario, per capita GDP does drop by around 7%. In fact, their simulations suggest that, despite the fact that AIDS impacts the high-unemployment unskilled labour category more than others, the net effect of higher AIDS-related

mortality and slower growth is to leave the unemployment rate largely unchanged. They also use the model to 'decompose' the overall decline in growth performance into the contribution of the various channels. Given their current assumptions, the largest share (nearly half) of the deterioration in growth is attributable to the shift in government current spending towards health expenses (which increases the budget deficit and reduces total investment), while an additional third stems from slower growth in total factor productivity (TFP). The decomposition illustrates the importance of considering the slow moving nature and hence long duration of the epidemic. If the epidemic imposes a drag on the rate of accumulation of knowledge (reduced TFP growth) or the rate of accumulation of capital (through a switch from savings to current expenditure), these effects become amplified over time. Over the course of a decade, the implications for macroeconomic performance are substantial. Looking forward, their analysis suggests several avenues for further investigation. First, the parameters used in specifying the various AIDS effects are based on fairly limited empirical evidence, and it will be important where feasible to supplement these with additional data. For example, they have limited the impact of AIDS on household expenditure patterns to an assumed increase in health service spending, but there may well be other shifts that will occur and that could be incorporated, based on survey results. Second, there are important dynamic effects that are not yet included in the model: for example, lower private and government spending on education (because of higher AIDS spending) will slow down skills accumulation and change labour force growth rates. Finally, consideration must be given to how to capture the impact of alternative 'intervention' strategies – for example, at present there is no feedback between possible government policies to slow the spread of AIDS, and the demographic (and subsequent economic) trajectory of the epidemic.

Balyamujura H, Jooste A, van Schalkwyk H & Carstens J (2000)

Impact of the HIV/AIDS pandemic on the demand for food in South Africa

The Demographic Impact of HIV/AIDS in South Africa and its Provinces Conference, Port Elizabeth

The macroeconomic impact of HIV/AIDS has two dimensions, namely direct and indirect costs. The latter is much more difficult to estimate, whilst its effect is also much more profound. This situation is aggravated by the fact that the portion of the population most affected by HIV/AIDS is the most economically active. The result of this is reduced economic growth and hence pressures on income. This could translate into changes in expenditure patterns that would definitely have an impact on the demand for food. Although the per capita income is expected to increase, it is projected that total expenditure on food will decrease in 2004 and 2009 in the 'With HIV/AIDS scenario'. In constant 1995 terms, AIDS will cause a reduction in food expenditure in 2004 from 265.6 million to 258.8 million, while in 2009 the pandemic will result in a 6.52% reduction from 294.5 million to 275.3 million.

Barnett T (2000)

Guidelines for preparation and execution of studies of the social and economic impact of HIV/AIDS

13th International AIDS Conference, Durban

Issues: There is often pressure and need to produce socio-economic impact studies when countries reach the stage where the epidemic is visible. Impact studies have a dual purpose. They provide the rationale for both prevention and mitigation. The arguments for the studies are: (a) If there is a measurable or predictable impact then people can be convinced of the problem. Showing impact becomes an important tool for advocacy. (b) If the epidemic will have an impact, we need to know its location, scale and form, to begin planning for it. Description: This project developed guidelines on how to carry out impact assessments. The method used was to review all available impact studies including many done by the authors, to establish what they did and did not show in terms of the expectations and how the methodology worked and the level of analysis was decided. Two concepts are put forward for identifying the determinants of the scale and location of the epidemic and its impact. These are susceptibility - which determines where the epidemic will be located in a society and how far and fast it will spread; and vulnerability, which determines the likelihood that AIDS will have adverse consequences. Conclusion: Impact will be (a) detectable but only if the correct instruments are developed and used; (b) located in certain social, economic and spatial groups and areas and some of these may have little political influence or importance and therefore may not attract attention; and (c) felt slowly over a long period. Impact studies have an important role but both those commissioning and those carrying them out must be clear as to what can be done and what is expected.

Barnett T & Blaikie P (1993)

Simple methods for monitoring the socio-economic impact of AIDS: Lessons from sub-Saharan Africa

In: Facing up to AIDS: The socio-economic impact in Southern Africa

Barnett T & Whiteside A (1999)

Guidelines for preparation and execution of studies of the social and economic impact of HIV/AIDS

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

HIV/AIDS is now widespread in much of the developing world. Because it results in exceptional levels of illness and death in the mature adult population it has many social and economic implications. This document provides basic concepts to assist thinking about these implications together with ideas and techniques for planning responses to the medium and longer term social and economic impact.

Barnett T & Whiteside A (2000)

Guidelines for studies of the social and economic impact of HIV/AIDS

UNAIDS, Best Practice Collection, Geneva

Many countries, particularly those with serious HIV/AIDS epidemics, are increasingly adopting strategic approaches to planning and implementation. Specifically, in planning for HIV/AIDS, they are relying on an analysis of their particular HIV/AIDS situation and response in order to define future priorities and to set relevant objectives and strategies. Socioeconomic impact studies can be a key element in informing the analysis and in the overall planning process. However, many impact studies have not been aimed at planning, but have merely been an academic exercise or have provided less than solid data for advocacy purposes. The present guidelines are intended to place socioeconomic impact studies in the planning process in a systematic way. One of UNAID's major motivations for publishing this manual is to encourage countries to include impact information in their strategic planning process. However, UNAIDS would also encourage specific impact studies in sectors such as education and agriculture, where a strong basis for the development of sector-specific alleviation strategies can be formed.

Barnett T & Whiteside A (1996)

HIV/AIDS and development: Case studies and a conceptual framework

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

This paper presents outline accounts of some social and economic features of the HIV/AIDS epidemic in five countries: the United Kingdom, Botswana, Uganda, India, and Ukraine. It suggests that: (a) certain key features of society and economy are major determinants of the degree to which epidemics become generalised to whole populations; (b) these features can be conceptualised in ways that will assist in more effective targeting of preventive interventions and measures to confront the medium-and long-term impacts raised morbidity and mortality associated with the occurrence of generalised HIV/AIDS epidemics.

Barnett T & Whiteside A (1996)

Locating of the economic impact of HIV/AIDS

AIDS Analysis Africa 7 (1)

Barnett T, Whiteside A & Desmond C (2000)

The social and economic impacts of HIV/AIDS in poor countries: A review of studies and lessons

UNAIDS, Geneva

Bechara M & Weeks O (2000)

AIDS – An economic catastrophe?

Morgan Stanley Dean Witter, London

The epidemic in South Africa is among fastest growing in the world. By 2007, 23% of the adult population may be infected, with annual AIDS deaths forecast to reach 800,000 by 2011. Infection seems to be skewed towards the unskilled. This is unlike in other parts of Africa, and may make the overall economic impact considerably less than feared. Government spending on AIDS remains strikingly low. We do not expect rising healthcare costs to reduce investment and growth significantly.

Bloom D & Lyons J (eds) (1992)

The economic impact of AIDS in Asia

UNDP, Dehli, India

Bloom David E & Mahal Ajay SD (1997)

Does the AIDS epidemic threaten economic growth?

Journal of Econometrics 77 (1):105-124

Bloom DE & Godwin P (eds) (1997)

The economics of HIV and AIDS: The case of south and south east Asia

Oxford University Press, London

Bollinger L & Stover J (1999)

The economic impact of AIDS

The Futures Group International, Washington, DC

Bonnel R (2001)

Economic analysis of HIV/AIDS

African Development Forum, Addis Ababa

Preventing further spread of HIV/AIDS, in addition to providing care and support programmes to those both affected and infected by this epidemic, requires early intervention and the mobilisation of external resources. The purpose of this paper is to discuss and quantify the economic rationale that underlies such an effort.

Bonnel R (2000)

HIV/AIDS and economic growth: A global perspective

South African Journal of Economics

The first section discusses the main channels through which HIV/AIDS affects economic growth. The second section reviews the main economic and social determinants of HIV/AIDS. The econometric model is presented in the third section along with empirical results.

Botswana Institute for Development Policy Analysis (BIDPA) (2000)

Impacts of HIV/AIDS on poverty and income inequality in Botswana

BIDPA, Gaborone

This report presents the results of a quantitative analysis of the likely impacts of HIV/AIDS on households in Botswana. The analysis makes use of household and individual level data from a household income and expenditure survey (HIES) conducted in 1993/94. Such an analysis is a necessary precursor to estimating the government budgetary requirements arising from HIV/AIDS.

Botswana Institute for Development Policy Analysis (BIDPA) (2000)

The macroeconomic impacts of HIV/AIDS in Botswana

BIDPA, Gaborone

Background: HIV/AIDS is expected to increase poverty and destitution in Botswana. The objective was to quantify the impact of HIV/AIDS on indicators of poverty and income inequality, and to explore the policy implications. Methods: Current HIV prevalence rates by age, sex and location were randomly imposed upon household and individual level data taken from a household income and expenditure survey (HIES) in Botswana. The household income position was then considered after a 10-year period, when those infected with HIV were assumed to have died. Comparative indicators were then calculated. Results: About 50% of households in Botswana have an infected household member. Half of these will lose an income earner within 10 years. In addition, 2% of all households will lose all of their income earners, and become effectively destitute. The analysis predicted an 8% fall in national household level income, and an increase of 5% in the poverty head count. Per-capita income of the poorest 25% of households is projected to fall by 13%, with an increase of 25% in the number of dependents per income earner. The widespread nature of HIV/AIDS in Botswana does however imply that income inequality will not worsen significantly. A comprehensive sensitivity analysis suggested that the results of the analysis are robust to changes in the key assumptions. Conclusions: The results imply that HIV/AIDS will have a significant impact on poverty levels in Botswana, and will cause a large increase in extreme poverty and destitution. The major implication is that the enactment and implementation of poverty alleviation policies will take on a much greater urgency. Particular emphasis will need to be given to employment creation for unskilled workers, orphan care and destitute relief, and to counselling and support services for young people.

Broomberg J (1993)

Current research on the economic impact of HIV/AIDS: A review of the international and South African literature

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Broomberg J, Steinberg M, Masobe P & Behr G (1991)

AIDS in South Africa: The demographic and economic implications

The Centre for Health Policy, Paper # 23

This paper presents a general description of an actuarial model that has been developed as a means of predicting the future spread of the HIV/AIDS epidemic in South Africa, and to estimate the demographic impact of that epidemic. The paper provides a detailed description of the fundamental approach to the model, its structure, and the key assumptions used in building the model. In addition, the paper aims to illustrate the application of the model in developing scenarios for the HIV epidemic in South Africa. Two specific scenarios are presented, and are used to illustrate certain issues of fundamental importance in understanding the dynamics of the HIV/AIDS epidemic in South Africa.

Broomberg J, Steinberg M, Masobe P & Behr G (1993)

The economic impact of the AIDS epidemic in South Africa

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Broomberg J, Steinberg M, P Masobe & Behr G (1991)

The economic impact of AIDS in South Africa

In: AIDS in South Africa: The demographic and economic implications

Bumgarner R (2001)

The evolving role of the international agencies in supplying and financing global public goods for health

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 20

Globalisation places the international agencies (especially the WHO and World Bank) in powerful roles. These include being: producers of global public goods; economic agents who facilitate national consumption of global public goods; and regulatory authorities to influence states who benefit from, but do not necessarily help produce, global public goods. Each of these roles is examined. In these roles, the agencies face constraints and pressures. The most important of these are: baseline differences in knowledge or conceptual differences and gaps; relational constraints in the way that sovereign states use and interact with the agencies; financial pressures inherent in the way the agencies are financed; competitive constraints caused by the other factors; and environmental forces flowing from the international anarchy of globalisation itself. The factors are determinant of the agencies' abilities to perform their roles to produce and encourage the use of global public goods. Improvements in global health status through greater emphasis on public goods would require states and agency management to change these factors to improve the agencies' performance of their roles. The paper examines the way global public goods receive support, pays specific attention to WHO's role as a leading provider of global goods in health, looks at the supporting roles that other organisations, such as UNICEF, the charitable foundations and NGOs, play and ventures speculation on ways to expand provision and use of global public goods.

Bureau for Economic Research (BER) (2000)

HIV/AIDS and the South African economy

BER, University of Stellenbosch

Bureau for Economic Research (BER) (2001)

The macroeconomic impact of HIV/AIDS in South Africa

BER, University of Stellenbosch

South Africa is in the midst of a serious HIV/AIDS epidemic. The trajectory of the local epidemic is such that we are currently in the early stages of an exponential increase in the number of AIDS-related deaths expected over the next 5 to 10 years. The objective with the current study has been to quantify the macroeconomic impact of HIV/AIDS in South Africa.

Butler M, Gomez E, Perez, Bollinger E & Colvin C (2000)

The socioeconomic impact of HIV/AIDS in the Dominican Republic, 1991-2005

13th International AIDS Conference, Durban

The purpose of this report is to summarise the process undergone to estimate both the past and future trends of HIV/AIDS in the Dominican Republic, and to evaluate the socioeconomic impact of these trends. The size of the epidemic is described by the number of people infected with HIV and the number of AIDS cases. The socioeconomic impact is measured by the impact on various demographic measures, such as total fertility rate, infant mortality rate, and life expectancy, and some economic variables, including the impact on the health sector and the Ministry of Health budget. There is a significant difference between an initial set of projections of the HIV/AIDS epidemic, estimated in 1996, and the projections presented here. The initial projections indicated that HIV prevalence in the adult population would reach 4.6% by the year 2000. The projections here estimate that, instead, overall HIV prevalence in the adult population will be 2.34% by the year 2000, and will reach 2.44% by 2005. The difference between these two sets of projections may be due to a number of different factors. First, there are now more and better data from surveillance sites. Three of the sites have seven or more years of data, and a fourth site now has 5 years of data. Increases in the amount of data available for analysis allow for more accurate predictions. Second, our understanding of the current level of the maturity of the epidemic may have changed because of these new data. The projections presented here indicate that the epidemic is at a more mature stage than the earlier projections had indicated, implying that the maximum infection rate will be lower than anticipated before. Third, the spread of the epidemic may have slowed down due to prevention efforts. Although it is difficult to assign causality to the prevention efforts directly, there are a number of examples of successful efforts.

Chevallier E & Flourey D (1996)

The socioeconomic impact of AIDS in sub-Saharan Africa

AIDS 10 (suppl A):S205-11

Cohen D (1999)

Socioeconomic causes and consequences of the HIV epidemic in southern Africa: A case study of Namibia

UNDP, Geneva

Cohen D (1999)

The economic impact of the HIV epidemic

Issues Paper 2, UNDP, Geneva

Cross S (1993)

A socio-economic analysis of the long-run effects of AIDS in South Africa

In: S Cross & Awhiteside (eds), 1993, *Facing up to AIDS: The socio-economic impact in Southern Africa*, Macmillan, South Africa

Cross S & Whiteside A (eds) (1993)

Facing up to AIDS: The socio-economic impact in Southern Africa

Macmillan, South Africa

Cross S & Whiteside A (eds) (1996)

Facing up to AIDS: The socio-economic impact in Southern Africa

Palgrave, England, UK

Cuddington JT (1993)

Further results on the macroeconomic effects of AIDS: The dualistic labour-surplus economy

World Bank Economic Review 7 (3)

This article generalises and extends the earlier analyses of Cuddington (1993) and Cuddington and Hancock (forthcoming) by incorporating the presence of underemployment and dual labour markets-considerations that seem particularly important when assessing the likely impact of AIDS in many African countries. The dual-economy simulations of the economic impact of AIDS using Tanzanian data suggest that the macroeconomic consequences of the epidemic are of the same order of magnitude as those obtained using a single-sector, full-employment model: gross domestic product (GDP) is 15 to 25% smaller by 2010 than it would have been without AIDS, and per capita GDP is 0 to 10% smaller. The output loss from AIDS in the dual-economy framework is roughly the same as the output gain achievable through policies designed to increase labour market flexibility. The exercise is crude, but it suggests that meaningful efforts at economic reform in economies devastated by AIDS may at least ameliorate some of the negative economic effects of the epidemic, although they would certainly not offset its personal and social costs.

Cuddington JT (1993)

Modelling the macroeconomic effects of AIDS with an application to Tanzania

World Bank Economic Review 7 (2):173-89

A Solow-style model is developed to study the effects of the AIDS epidemic on the growth path of the economy and GDP per capita. The model uses conjectures about the demographic effects of AIDS in Tanzania to estimate the macroeconomic effects on the economy. The findings suggest that, without decisive policy action, AIDS may reduce Tanzanian GDP in the year 2010 by 15 to 25% in relation to a counterfactual no-AIDS scenario. Per capita income levels are expected to fall by 0 to 10% by 2010.

Cuddington JT & Hancock JD (1994)

Assessing the impact of AIDS on the growth path of the Malawian economy

Journal of Development Economics 43 (2):363-368

Department of Finance (2000)

Budget Review 2000

Department of Finance, Pretoria

Department of Finance (2000)

National Expenditure Survey

Department of Finance, Pretoria

Diaz-Bonilla E, Babinard J & Pinstруп-Andersen P (2001)

Globalization and health: A survey of opportunities and risks for the poor in developing countries

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG4: 11

Doehring RO (1991)

The socio-economic impact of the AIDS epidemic

Degree: Graduate School of Business Administration, University of the Witwatersrand, Johannesburg

Du Plessis PG (1991)

The potential influence of AIDS on the South African investment milieu

Degree: Department of Business Management, University of Stellenbosch

Ernberg G, Opuni M, Schwartlander B, Walker N, Tarantola D & Kieffer MP (1999)

Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997

UNAIDS, Geneva & Harvard School of Public Health, Boston, USA

Essex M, et al (1994)

AIDS in Africa

Raven Press, New York

Futures Group International (1999)

The economic impact of AIDS

The Futures Group International, Washington DC

AIDS has the potential to create severe economic impacts in many African countries. It causes a reduction in the size and experience of the labour force, increases health care expenditures, raises the costs of labour, and reduces savings and investment. It is different from most other diseases because it strikes people in the most productive age groups and is essentially 100% fatal. Economic effects will vary according to the severity of AIDS epidemic and the structure of the national economies. The two major effects are a reduction in the labour supply and increased costs.

Gilson L, Doherty J, McIntyre D, Thomas S, Briljal V & Bowa C (1999)

The dynamics of policy change: Health care financing in South Africa, 1994-1999

Major Applied Research Paper 1, Technical Paper 1. Abt and Associates, Cambridge, Maryland

This report presents an analysis of the experience of seeking change in health care financing policy in South Africa over the period 1994-1999, the first term of the country's first democratic government. Health financing reforms which aim to improve resource availability and use are a central component of the current wave of health sector reforms both in sub-Saharan Africa and in other parts of the world. The contribution of the study is its emphasis on the process by which policies are developed and implemented, and the factors facilitating or constraining their impact. The study also considered the linkages between different financing reforms, and between financing reforms and other health sector reforms (in particular, decentralisation), to ensure a comprehensive understanding of reforms. The study has focused on the issues of equity and health system sustainability, which have been subjected to less scrutiny internationally than, for example, efficiency. The range of reforms that have been considered are: geographic resource allocation formulae; user fees (in South Africa the removal of primary care fees); and health insurance options.

Godwin P (1998)

The looming epidemic: The impact of HIV and AIDS in India

Mosaic Press, New Dehli, India

Guinness L & Alban A (2000)

The economic impact of AIDS in Africa: A review of the literature

UNAIDS background paper for ADF2000, Addis Ababa

Gupta S, Clements B, Guin-Siu MT, Leruth L (2001)

The Debt Relief Initiative and public health spending in heavily indebted poor countries (HIPC)s

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG3: 5

Hamoudi A (2000)

AIDS and the economists in Durban: Laying a foundation

AIDS Analysis Africa 11 (2)

Henderson CW (2001)

Africa requires massive funding to help stem health crisis, experts tell UN panel

AIDS Weekly, 7 May:20

Reports the need for massive assistance to help Africa on its health crisis as of May 2001. Status of health system in Rwanda; Suggestion on funding for some of its diseases; Update on the number of people with AIDS.

Henderson CW (2001)

Costs of global HIV prevention and care program estimated

AIDS Weekly, 2 July:19

Reports on the costs of global HIV prevention and care programme by 2005. Total amount required for prevention and care; major health crisis challenges in the future.

Hensher M (1999)

Budget planning assistance for North West province, TB and HIV/AIDS/STD programmes

Health Financing and Economics Directorate, Department of Health, Pretoria

Howse J (2000)

The provinces at a glance: Who's spending what where? (Part 3)

South African Medical Journal 90 (7):678-80

ING Barings (2000)

Economic impacts of AIDS in South Africa: A dark cloud on the horizon

ING Barings, Johannesburg

This report uses the WEFA time-series based macroeconomic model, which is a widely-used commercial forecasting model. Demographic input data is based on the ASSA600 model 9, which in turn originated from the 'Doyle model' used by Broomberg et al. The key results are that the growth rate of GDP declines by 0.2–0.3% up to 2005, and thereafter by 0.3-0.4%. Since population growth declines by more than this – 1.33% – up to 2005, per capita income will actually be higher until 2005, as compared with a 'no AIDS' situation, if the model's projections are accurate. After 2005, the decline in population growth averages 0.12% p.a., which is less than the decline in the growth rate of GDP, so per capita income will be lower than without the epidemic. Notwithstanding the 'dark cloud' image in the title, the ING Barings study gives some support to the 'cautiously optimistic' view discussed above; indeed, the study makes explicit that it is presenting a 'non-alarmist' scenario.

Jones C (1996)

Does structural adjustment cause AIDS: One more look at the link between adjustment, growth and poverty

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

Kambou G, Devarajan S & Over M (1992)

The economic impact of AIDS in an African country: Simulations with a computable general equilibrium model of Cameroon

Journal of African Economies 1 (1)

Kongsin S, Lertchayantee S, Jiamton S & Watts C (2000)

Socio-economic determinants of HIV/AIDS in Thailand

13th International AIDS Conference, Durban

Since AIDS infects mainly adults at their prime working age, which can have a profound social and economic impact on the welfare of surviving members in low socioeconomic households. Empirical information on the socioeconomic impact of HIV/AIDS on households and communities in Thailand is scarce of variable quality, where the majority of cases under the re-emerging worldwide epidemic occur. Knowledge about these factors is required to assess the economic impact of the disease at the societal level. The high level of poverty among young age group of PLWHA was similar to that observed in the general population. The distribution of socioeconomic variables in the study group did not differ significantly from that found in the general population. HIV/AIDS equally affects members of all socioeconomic groups in Thailand. While the prevalence of poverty is higher in the study group, poverty is not a risk factor for the occurrence of the disease. Also, the higher disease risk among the young age group of PLWHA is not determined by poverty.

Kumaranayake L, Conteh L, Kurowski C & Watts C (2001)

Preliminary estimates of the cost of expanding TB, malaria and HIV/AIDS activities for sub-Saharan Africa

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5: 26

Kumaranayake L, Pepperall J, Goodman H, Mills A and Walker D (2000)

Costing guidelines for AIDS prevention strategies

UNAIDS, Best Practice Collection, Geneva

In many developing countries economists are a scarce resource, but these guidelines make it possible for other professions such as accountants and planners to undertake cost analysis. It is essential to know the costs of individual prevention strategies as well as packages of strategies to be able to set priorities. For priority setting assessing the outcome is equally important. That an intervention has a low cost does not mean it is worth while from an economic perspective, for example if it does not change the epidemic or has negative externalities that outweighs a modest benefit. In these guidelines, UNAIDS has initiated a number of complementary models to estimate the outcome (HIV averted) and to cover the benefit side of important prevention strategies.

Laubscher J & Malunga VG (2001)

The impact of the HIV/AIDS pandemic on the South African economy and financial markets

Sanlam Investment Management, Johannesburg

The macroeconomic impact of HIV/AIDS centres around the consequent reduction in the population and the labour force, resulting in higher government expenditure. It is impossible to quantify the impact on different asset classes, but a well formulated equity strategy favouring those companies that stand to be affected least appears to offer the best response to the HIV/AIDS threat to investment returns.

Laws M (1996)

International funding of global AIDS strategy: Official development assistance

In: J Mann & D Tarantola, AIDS in the World II: global dimensions, social roots, and responses, Oxford University Press, New York

Loewenson R & Kerkoven R (1996)

The socio-economic impact of AIDS: Issues and options in Zimbabwe

SafAIDS and TARSC, Harare

Loewenson R & Whiteside A (1997)

Social and economic issues of HIV/AIDS in southern Africa: A review of current research

SafAIDS, Occasional Paper Series # 2, Harare, Zimbabwe

MacFarlan M & Sgherri S (2001)

The macroeconomic impact of AIDS in Botswana

IMF Working Paper

Madi B & Weeks O (2000)

AIDS - An economic catastrophe?

Morgan Stanley Dean Witter, Toronto, Canada

Among the many reasons in investors and commentators can find for pessimism about Africa, AIDS is one of the most frequently cited. The opportunity to avoid a catastrophic AIDS epidemic in South Africa is long gone.

Malungo JRS (2000)

The socioeconomic implications of HIV/AIDS in sub-Saharan Africa

The Australian National University, Canberra

Of the global 34 million people living with HIV/AIDS, some 95 percent are in the developing world, with more than two-thirds in Sub-Saharan Africa (UNAIDS/WHO 1999), a region that is home to about 10 percent of the world's six billion population. A similar proportion of the global 5.6 million new infections in 1999 occurred in this region. Sub-Saharan Africa has also experienced more AIDS related deaths than any other region in the world and, with the adult prevalence rate at 8 per cent, such deaths are likely to continue.

McIntyre D, Baba L & Maken B (1998)

Equity in public sector health care financing and expenditure in South Africa: An analysis of trends between 1995/96 to 2000/01

Health Systems Trust, Durban

McIntyre D, Bloom G, Doherty J & Brijlal P (1994)

Health expenditure and finance in South Africa

Health Systems Trust, Durban and the World Bank, Washington DC

This report aims to provide those involved in the restructuring of South Africa's health services with an understanding of the health sector they have inherited in order to formulate realistic strategies for change.

McIntyre D, Gilson L, Valentine N, Soderland N (1998)

Equity of health sector revenue generation and allocation: A South African case study

Abt and Associates, Cambridge, Maryland

This paper provides an overview of the South African health sector. It characterises South Africa as an upper-middle income country, with a declining economic growth rate since 1990. Yet South Africa is one of the most unequal societies. More than half of the population can be defined as poor. Similarly, the country has a complex, well-developed health sector, with relatively high levels of health care expenditure. Yet health status indicators are poor. This is partly due to the fact that a substantial portion of this spending goes to private health care that serves a minority of the population. The public/private sector mix requires serious consideration by policy-makers. Resources currently located in the private sector need to become accessible to a greater proportion of the population. The challenge for policy-makers lies in dealing with the maldistribution of resources between public and private sectors and to redistribute existing public sector health services between geographic areas and levels of care. This way, the high levels of preventable ill health and premature mortality could be reduced.

National Treasury (2000)

Intergovernmental fiscal review

National Treasury, Pretoria

National Treasury (2000)

Medium term budget policy statement

National Treasury, Pretoria

Newfarmer, R. (2002)

Global Economic Prospects and the Developing Countries

The International Bank for Reconstruction and Development

As 2001 draws to a close, the global economy is slipping precariously to-ward recession. Developing countries have seen their economic growth rates plunge. Growth in trade has undergone one of the most severe decelerations in modern times— from over 13 percent in 2000 to 1 percent in 2001. Developing countries are confronting a 10 percentage point drop in the growth of demand for their exports. Though the weight of evidence still points to a probable recovery in mid-2002, the risks posed to recovery are the gravest in a decade. The terrorist attacks in the United States, although it is still too early to evaluate them fully, have unleashed new and unpredictable forces that have substantially raised the risk of a global downturn. Against this

uncertain backdrop, world leaders have launched an intense discussion about whether to begin a new round of global trade negotiations at the ministerial meeting of the World Trade Organization (WTO) in November 2001. A round would offer an opportunity to renew progress on multilateral rules that open markets and expand trade. A reduction in world barriers to trade could accelerate growth, provide stimulus to new forms of productivity-enhancing specialization, and lead to a more rapid pace of job creation and poverty reduction around the world.

Nicholls S, McLean R, Theodore K, Henry R, Camara B (2000)

Modelling the macroeconomic impact of HIV/AIDS in the English-speaking Caribbean: The case of Trinidad, Tobago and Jamaica

IAEN Conference, Durban

The first case of AIDS was reported in Jamaica in 1982. Since then, the epidemic has spread quickly, and has taken an enormous toll on Caribbean populations, impacting most heavily on young and middle-aged adults. Despite the fact that the predominant mode of transmission of the virus in the Caribbean context is via sexual contact, of which 63% can be classified as heterosexual and 12% due to male to male contact, available data suggest an underestimation of the latter group due largely to strong social, cultural and legal discrimination against MSMs.

Over M (1998)

Coping with the impact of AIDS

Finance and Development, March

Over M (1992)

The macroeconomic impact of AIDS in sub-Saharan Africa

World Bank, New York

The earliest conjectures regarding the impact of the AIDS epidemic in severely affected countries presumed that the disease would cause substantial declines in such conventional measures of macroeconomic performance as the growth of GNP per capita. This paper written in 1992, together with other papers that are cited in Chapter 1 of 'Confronting AIDS,' were the first to provide detailed calculations of the probable magnitude of these impacts. Now that some countries have in fact attained the 21% adult prevalence rate that was hypothesised in this paper, its projections are particularly relevant. Whether they are accurate is more difficult to determine. However, the continued macroeconomic growth of such severely affected countries as Uganda and Botswana, despite serious AIDS epidemics, seems to support the predictions of this paper that the impact of the epidemic on per capita GNP growth will be small. The possibility remains that profound, cumulative 'disruption effects' of the epidemic not modelled in these papers will manifest themselves in the coming years.

Parker W, Kistner U, Gelb S, Kelly K & O'Donovan M (2000)

The economic impact of HIV/AIDS on SA and its implications for governance: A bibliographic review

Centre for AIDS Development, Research and Evaluation (Cadre), Johannesburg

Parker W, Kistner U, Gelb S, Kelly K & O'Donovan M (2000)

The economic impact of HIV/AIDS on SA and its implications for governance: A literature review

Centre for AIDS Development, Research and Evaluation (Cadre), Johannesburg

Raditapole DK (1995)

The economics of HIV transmission

In: HIV and AIDS: the global inter-connection

Regensberg LD (1999)

Aid for AIDS: an innovative solution?

AIDS Analysis Africa, 9 (6)

Roseberry W (1996)

AIDS prevention and mitigation in sub-Saharan Africa: A strategy for Africa

World Bank, Africa Region, Technical Department, Human Resources and Poverty Division, Report 15569

Schlemmer L (2000)

The demographic, social and economic geography of South Africa over the next quarter century, under the impact of HIV/AIDS

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

The paper first established a framework of Cohort-Component Forecasts of the future population of SA incorporating the ASSA600 HIV/AIDS model, in two 'scenarios' up to the year 2025, as well as broad future economic scenarios over the same period. Thereafter, the detailed future distribution of the population and its broad socioeconomic circumstances as well as patterns of GGP growth are estimated and interrelated to provide pictures of the socioeconomic geography of the country in the longer-run future. The implications of the results will be explored in terms of broad social needs as well as needs for services, with due consideration of the uncertainties that attend all longer-range forecasting.

Schwartzlander B (2001)

Resource needs for HIV/AIDS

Science, 292(5526):2434

Discusses resources required for reaching goals for reducing HIV and AIDS incidence, developed for the General Assembly Special Session on AIDS in June 2001. Expansion of prevention efforts; increasing access to care; support for all people living with HIV; estimated cost of HIV/AIDS prevention in a number of low- and middle-income countries.

Shepard DS et al (1996)

Expenditures on HIV/AIDS: Levels and determinants, lessons from five countries

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

This paper investigates the level of health sector expenditures related to HIV/AIDS, and the division by use of funds; their relationship to overall health expenditure by use of funds; and the major determinants of the level and pattern of expenditures and financing. Case studies from five developing countries (Brazil, Cote d'Ivoire, Mexico, Tanzania, Thailand).

Squire L (1998)

Confronting AIDS

Finance and Development, March

Three articles, *Confronting AIDS* by Lyn Squire, *Setting Government Priorities in Preventing HIV/AIDS* by Martha Ainsworth, and *Coping with the Impact of AIDS* by Mead Over, published in the March issue of Finance and Development, a joint publication of the International Monetary Fund and the World Bank.

Stover J & Bollinger L (1999)

The economic impact of AIDS

The Futures Group International (The Policy Project), Washington DC

Lists the following economic impact of HIV/AIDS on households: loss of income of the patient (frequently the main breadwinner); substantial increase in household expenditure for medical expenses; other members of the household (usually daughters or wives) may miss school or work less in order to care for the sick person; death results in a permanent loss of income. There is also less labour on farms, lower remittances, funeral and mourning costs, and removal of children from schools to save educational expenses and increase household labour.

Stover J & Bollinger L (1999)

The economic impact of AIDS in South Africa

The Futures Group International (The Policy Project), Washington DC

Studies done in Tanzania and other countries have shown that AIDS will have adverse effects on agriculture, including loss of labour supply and remittance income, loss of workers at planting or harvesting cycles can significantly reduce the size on harvest. In countries where for security is a continuous issue, any declines in household production can have serious consequences. Loss of agricultural labour is likely to cause farmers to switch to less-labour intensive crops. This may mean switching from export crops to food crops. Health: HIV/AIDS will affect the health sector for two reasons: 1) Increase the number of people seeking services, and 2) Health care for AIDS patients is more expensive than for most other conditions. The number of AIDS patients seeking care is already overwhelming health care systems. In many hospitals in Africa, half of hospital beds are now occupied by AIDS patients. AIDS is also an expensive disease – on average treating an AIDS patient for one year is about as costly as educating ten primary school pupils for one year. Transport: The transport sector is especially vulnerable to AIDS and important to AIDS prevention. Building and maintaining transport infrastructure often involves sending teams of men away from their families for extended periods of time,

increasing the likelihood of multiple sexual partners. The people who operate transport services (truck drivers, train crews, sailors) spend many days and nights away from their families. Most transport managers are highly trained professionals who are hard to replace if they die. Mining: The mining sector is a key source of foreign exchange for many countries. Most mining is conducted at sites far from population centres forcing workers to live apart from their families for extended period. They often resort to commercial sex. Many become infected with HIV and spread that infection to spouses and communities when they return home. A severe AIDS epidemic can seriously threaten mine production. Education: AIDS affects the education sector in three ways. 1) the supply of experienced teachers will be reduced by AIDS-related illnesses and deaths. 2) Children may be kept out of school if they are needed at home to care for sick family members or to work in the fields. 3) Children may drop out of school if their families can not afford school fees due to reduced household income as a result of AIDS deaths. Another problem is that teenaged children are especially susceptible to HIV infection.

Theodore K (2001)

HIV/AIDS in the Caribbean: Economic issues - impact and investment response

Commission on Macroeconomics & Health, WHO Working Paper Series # WG1: 1

The paper presents updated information on the estimated impact of HIV/AIDS on the economies of the Caribbean. The author uses the output of a 1997 study on the economic impact of HIV/AIDS in Jamaica and Trinidad and Tobago as the starting point and updates the projections for these two countries based on some adjustments to some of the underlying assumptions in respect of the epidemiology of the disease. Estimates are also derived for St. Lucia. Estimates of the economic losses associated with the incidence of the disease in these three countries are placed within the context of the present outlays on health as well as in the context of the development objectives of these island states. The study identifies four channels through which the HIV/AIDS epidemic can impact on the development process and makes the case that the epidemic has the potential to distort this process. The study ends by quantifying the level of resources that would be needed if the region is to adequately respond to the threat of this modern day plague.

UNAIDS (2001)

Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997

UNAIDS, Geneva and the Economic Commission for Africa, presented at the Abuja Summit of HIV/AIDS

The monitoring of national and international financing of HIV/AIDS programmes in the developing world is of critical importance to the development and implementation of the global response to HIV/AIDS. This monitoring provides information on overall funding trends as the pandemic- and the prevention and care needs continue to grow.

UNAIDS (2001)

Mobilizing billions to fight AIDS in Africa: The way forward

UNAIDS, Geneva

A vastly expanded and well-funded multi-billion dollar response is needed to change the course of the HIV/AIDS pandemic in Africa, through effective prevention, care and impact mitigation.

UNDP (2000)

Botswana Human Development Report 2000

UNDP, Geneva

United Nations Economic Commission for Africa (1999)

Economic report on Africa 1999: the challenge of poverty reduction and sustainability

United Nations, Geneva

Vogel G (2001)

Dollars and cents vs the AIDS epidemic

Science, 292(5526):2420

Focuses on economist Jeffrey Sach's advocacy of an international programme to deal with AIDS and the disease burden that he argues is holding back the developing world. Call for drug companies to loosen their intellectual property claims on drugs needed in poorer countries; collaboration with famous people such as singer Bono and Pope John Paul II to campaign for debt forgiveness in poor countries.

Wehrwein P (2000)

The economic impact of AIDS in Africa

Harvard AIDS Review, Fall 1999/Winter 2000

Whiteford A (1999)

Implications of the AIDS epidemic for the South African labour market

WEFA Monthly Outlook, March

Whiteside A (1994)

Economic effects of AIDS: Socio-economic causes and consequences

University of Natal (ERU), Durban

Whiteside A (1999)

The economic impact of AIDS in Africa

Paper presented at the HIV Update Symposium, Durban

Whiteside A (1996)

Economic impact in selected countries and the sectoral impact

In: J Mann & D Tarantola, *AIDS in the World II: global dimensions, social roots, and responses*, Oxford University Press, New York

WHO (2001)

Commission on macroeconomics and health

CMH Working Paper Series

A WHO commission examining the interrelations among investments in health, economic growth and poverty reduction.

Woodward D, Drager N, Beaglehole R & Lipson DJ (2001)

Globalisation and health: a framework for analysis and action

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG4: 10, New York

World Bank (2000)

Multi-country HIV/AIDS Program (MAP) for Africa

AFRHV AIDS Campaign Team for Africa, Africa Regional Office, World Bank, Washington DC

The HIV/AIDS epidemic now poses the paramount threat to development in Sub-Saharan Africa. Nearly 25 million Africans are living with HIV/AIDS, the vast majority of them adults in the prime of their working and parenting lives. Another 14 million had already died from AIDS, with devastating social and economic consequences.

World Bank (2000)

Sustainable health care financing in Southern Africa

World Bank, Washington DC

Zeitz P (2000)

UNAIDS activity: Debt-for-AIDS

13th International AIDS Conference, Durban

Recognising the magnitude and the reach of the HIV/AIDS crisis in sub-Saharan Africa, African leaders, the UN agencies, and many other governments are declaring HIV/AIDS as the most critical developmental and humanitarian crisis on the continent. Developing, financing, and implementing programmes to slow the spread of the epidemic and reduce its impact is now seen as an urgent priority, as HIV/AIDS is obstructing other development goals, including economic growth, political stability, and security in Africa. Simultaneously, a new era of debt relief for highly-indebted poor countries is being launched in many countries around the continent. Among the many legitimate claimants on new funds potentially freed up by debt relief, it is easy to justify placing HIV/AIDS prevention and mitigation at the front of the queue. To this end, UNAIDS is advocating and initiating a process to expand the resource envelope through debt relief in order to scale-up the implementation of a performance-based multisectoral HIV/AIDS response, as an integral part of the broader HIPC Initiative. If Debt-for-AIDS is successful in the initial pilot countries, then UNAIDS may support efforts to expand this activity to other interested countries.

Zeit P, Rosen S & Simon J (2000)

Implementing debt relief to accelerate the HIV/AIDS response in sub-Saharan Africa

In: HIV/AIDS in the Commonwealth 2000/1

The expansion of the delivery of HIV/AIDS interventions to produce tangible, measurable and rapid results can be accomplished if a concerted effort by African governments and civil society is forthcoming. Whilst the need for financial resources is not the only barrier, the Debt-for-AIDS approach is advocated to fast-track the response.

Zungu NG (2000)

Economics and globalisation: developing countries slow economic take-off and the uneven process of globalisation and HIV/AIDS epidemic

13th International AIDS Conference, Durban

The failure of the economies in Less Developed Countries (LDCs) to take off and the uneven process of globalisation contribute to the alarming spread of HIV/AIDS epidemic. It also trivialises the research projects that have been undertaken to teach poverty-stricken communities about the epidemic. It is the same situation that, in the long run, is staggering the economies of the less developed countries (LDCs). When the LDCs economies take off due to the extractive process of globalisation, it means there is little to spare for HIV/AIDS programmes. Lack of funding for HIV/AIDS programmes necessarily means higher infection rates and death instances that translate to further deterioration of the already limping economies of the LDCs.

Abdool Karim Q (2000)

Trends in HIV/AIDS Infection: Beyond Current Statistics

South African Journal of International Affairs, 7 (2):1-21

At the end of 1999, the Joint United Nations Programme on HIV/AIDS estimated that about 50 million people worldwide, 14 million of whom had already died, had been infected with HIV. The global distribution of HIV is uneven, with developing countries bearing a disproportionate burden of infection. About 70% of all HIV epidemic has been observed in a few countries, HIV continues to spread in most parts of the world, with 5.6 million new infections in 1999 alone. Trends in infection between countries and the regions highlight the complexity of the HIV epidemics and the enormous prevention potential that still exists in most countries.

Abdurehman A & Enquoselassie F (2001)

Demographic impact of HIV/AIDS in Addis Ababa

Ethiopia Medical Journal, 39 (1):9-22

Using secondary data from various sources, a model was adopted to determine the demographic impact of HIV/AIDS epidemic in Addis Ababa. It was found that the adult HIV prevalence will reach a plateau level of about 10.8% in the year 2001 and 10.3% in the year 2004 respectively. AIDS will slow the decline in infant mortality rate and under 5 mortality rates and will increase crude death rate and lower the life expectancy at birth by about 15 years by 2004 compared to the no AIDS scenario. AIDS will reduce the size of the Addis Ababa population by about 160 000 people by the year 2004, but will not stop or make its growth negative. Based on the above findings preventive measures such as STD control, condom promotion, IEC and blood screening, and approaching the problem multisectorally, incorporating the HIV/AIDS epidemic in the demographic projection and establishing an HIV/AIDS database were recommended.

Abt and Associates (2000)

The impending catastrophe: A resource book on the emerging HIV/AIDS epidemic in South Africa

Lovelife, Johannesburg

Abt and Associates, South Africa (2001)

Impending catastrophe revisited: An update on the HIV/AIDS epidemic in South Africa

Lovelife, Johannesburg

Acott D (2000)

The economic impact of AIDS in South Africa: A critique of the demographic methods used in the ING-Barings report of April 2000, and their implications

Mimeo

The AIDS epidemic has already affected many sub-Saharan African countries, and is expected to have profound effects in South Africa over the next 20 years. By striking sexually active individuals, AIDS kills individuals during their most productive years. This impact feeds into the economy in numerous ways, including: A smaller labour force; a less productive labour force; lower savings rates; lower aggregate demand; shifting expenditure towards health care. ING-Barings uses the ASSA600 model with a national calibration to generate demographic forecasts for the total population, as well as for four race groups. This information is merged with data from the 1996 South African census to obtain forecasts of AIDS in 16 sectors and 3 skill levels. Little information is available on these forecasts. However, a simple weighted average closely approximates these rates. When this weighted average is used with data accurately calibrated to individual race groups, two changes become apparent: The long-term rate of HIV+ infection in all sectors is 3 to 5% of the population higher than projected by ING Barings. The distribution of HIV+ infection across skill levels shifts towards highly skilled workers. ING use current HIV+ infection and wage distribution over skill levels to determine an index of sectors to HIV/AIDS. This is discredited because it takes no account of the future rates, is based on rankings not actual values, assumes a uniform distribution of HIV+ infection across skills levels, and ignores input supply and output demand changes. The author believes that ING's projections are too optimistic. They will, however, become more pessimistic when including increased AIDS levels in the correctly calibrated model.

Boerma JT et al (1998)

Mortality impact of the AIDS epidemic: Evidence from community studies in less developed countries

AIDS 12

This review focuses on the evidence of mortality impact among adults and children in community studies. The majority of these studies are located in Africa, particularly eastern Africa, where the AIDS epidemic is conjectured to be older than in other less developed countries. Community studies show a two- to threefold increase in total adult mortality with an even larger increase in mortality among young adults in communities with adult HIV prevalence levels below 10%. Mortality amongst HIV-infected adults ranges from 5 to 11% per year, and more than half of all adult deaths can be attributed to HIV. HIV-infected women die at an earlier age than men and thereby lose significantly more productive years of life. Follow-up studies of incident cases are few, but population-based data indicate that the median survival time is substantially longer than originally thought on the basis of mortality amongst HIV-infected commercial sex workers. Tuberculosis incidence is on the increase, but evidence of additional impact on mortality is hitherto limited. Infant and early child mortality among children of HIV-infected mothers is two to five times higher than among children of HIV-negative mothers in follow-up studies of maternity-based and community samples. The large increase in adult mortality and moderate increase in child mortality lead to dramatic falls in life expectancy. For instance, in a rural area of Uganda, which has an HIV prevalence of 8%, life expectancy has dropped from just under 60 years to 42.5 years.

Bos E & Bulatao RA (1992)

The demographic impact of AIDS in sub-Saharan Africa

International Journal of Forecasting 8 (3):367-384

Bourne D (2000)

Demographic implications for development in Southern Africa as a result of the AIDS epidemic – a graphical review

Urban Health and Development Bulletin 3 (2)

Bourne D, Dorrington R, Laubscher R & Bradshaw D (2000)

Rapid AIDS mortality surveillance in South Africa

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

This paper presents the results of the ASSA600 demographic model developed by the AIDS Committee of the Actuarial Society of South Africa. The model assumes that there are four populations at risk with respect to AIDS and further assumes an average of 10 years between infection and death for adults and 2 years for infants. The model has been calibrated to meet the population estimate of 42.2 million in 1996 and the results of the national antenatal survey. No behavioural changes are accounted for. The model displays the increasing numbers of deaths attributable to AIDS and to the changing age profile of the population.

Brophy G (1993)

Modelling the demographic impact of AIDS: Potential effects on the black population in South Africa

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Caldwell JC, Orubuloye IO & Ntozi JPM (eds) (2000)

The continuing African HIV/AIDS epidemic

Health Transition Centre, National Centre for Epidemiology and Population Health, Australian National University, Canberra

Calitz JM (2000)

Provincial population projections, 1996-2021 low HIV/AIDS impact

Development Bank of Southern Africa, Development Information Business Unit Development, Midrand

It is generally accepted that the only justifiable way to foster development, both theoretically and empirically, is by following the human approach. This implies, inter alia, that development is for people, that it includes all of us in our intergral humanity, and that we all participate in development decisions and activities that affect our lives.

Centre for Health Policy (CHP) (1991)

AIDS in South Africa: The demographic and economic implications

CHP, Department of Community Health, Medical School, University of the Witwatersrand, SA, Paper # 23

Colvin M (1998)

Draft protocol: 1998 annual antenatal HIV and syphilis seroprevalence survey

Medical Research Council (MRC), Durban

Colvin M & Mullick S (1997)

Draft outline of a national STD/HIV/AIDS surveillance strategy

Medical Research Council (MRC), Durban

Colvin M, Gouws E, Kleinschmidt I & Dlamini M (2000)

The prevalence of HIV in a South African working population

13th International Conference on AIDS, Durban

Estimates of the prevalence of HIV in South Africa are almost exclusively based on data from the annual survey of public-sector antenatal clinics. There is very little HIV prevalence data on men and non-black women. This study aimed to determine the prevalence of HIV and associated risk factors among a nationally based working population comprising all race groups and both sexes.

Crisp J (1999)

The likely impact of AIDS

Anglo American Corporation, Johannesburg

Decosas J (1998)

Labour migration and HIV epidemics in Africa

Based on a presentation at the XII International Conference on AIDS, Geneva

Many studies show that mobile individuals such as long distance truck and migrant workers have a higher probability of being HIV infected than their communities of origin. But there is a limit to the explanatory power of studies linking individual behaviour to risk of HIV infection. These studies can not account for the variation in the level of HIV prevalence among sub-Saharan African countries.

Department of Health (1999)

National HIV sero-prevalence survey of women attending public antenatal clinics in South Africa

Department of Health, Pretoria

This report explains, broadly, the method used by the Department of Health, in collating the national ANC prevalence rate data. It also summarises the results for the year 1999 by age and province. The report indicates some of the limitations of the data by presenting the design adjusted confidence intervals and expressly states that the results do not adequately represent the non-African population.

Department of Health (1998)

South Africa demographic and health survey: 1998. A preliminary report

Department of Health, with Medical Research Council and Macro International

This report presents preliminary findings from the 1998 survey. It provides the results for key maternal and child health indicators including medical care for mothers during pregnancy and at the time of delivery, infant feeding practices, child immunisation coverage and the prevalence and treatment of diarrhoeal disease among children. It also provides information on women's status, fertility levels, contraceptive knowledge and use and adult health conditions.

Dorrington RE (1998)

ASSA600: An AIDS model of the third kind?

Mimeo

This paper provides a brief overview of the method and output of the ASSA600 model. The first appendix summarises the findings of the Nedlac census results task team on the validity of the 1996 census population count. That team concluded that the preliminary estimates provided by Statistics SA significantly underestimated the population count – but was unable to measure that underestimate. The second appendix contains a similar overview of the ASSA500 model. Appendix three explains how the ASSA starting population for 1985 was derived. The fourth, fifth and sixth appendices explain the assumptions used in the model for fertility, mortality and immigration respectively. Appendix seven explains the calibration process used in the model.

Dorrington RE (2000)

HIV/AIDS in the Western Cape: Is there still time to do something?

Joint Population Conference: The demographic impact of HIV/AIDS in South Africa and its provinces, Port Elizabeth

The Western Cape has the lowest prevalence of all the provinces with a prevalence of pregnant women attending antenatal clinics of only 7.1% compared to a national average of 21.4% and is roughly 5 years behind KwaZulu-Natal. Therefore the province has the best opportunity of early intervention to slow down the spread of the infection. However, within the province there is wide variation with zero prevalence in some areas rising to highs of 18 to 19% prevalence in Guguletu and Khayelitsha. The Department of Health has set up a Provincial AIDS Management Team to implement a number of programmes designed to curb the spreading of the epidemic and to provide care and support. Although it would have been much more cost effective to have started earlier, there is still time to do something about the course of the epidemic in the province, and the Provincial AIDS Management team have, on paper, made an excellent start.

Dorrington RE (2000)

The demographic impact of HIV/AIDS in South Africa

Joint Population Conference: The demographic impact of HIV/AIDS in South Africa and its provinces, Port Elizabeth

In this paper Dorrington compares the ASSA600 model to observed HIV rates and the projections made by the US Bureau of the Census, the United Nations and the Metropolitan Doyle models. He finds that international models are more pessimistic than local models regarding mortality etc. Nevertheless, even the local models confirm that the epidemic is deeply entrenched and will have a significant impact with around 6 to 10 million (additional) deaths over the next 10 years. He also finds that the epidemic has, to date, not been affected by interventions, yet the modification of risky sexual behaviour and treatment of STDs could significantly alter the progression of the disease.

Dorrington RE (2000)

What the ASSA2000 model tells us about the epidemic in the provinces and what it tells us about the national epidemic

Joint Population Conference: The demographic impact of HIV/AIDS in South Africa and its provinces, Port Elizabeth

This model is distinguished by applying a four race models to each province from which national estimates are derived. It represents work-in-progress as the model has not been fully calibrated. It improves on ASSA600 by incorporation of '98 and '99 ANC summary statistics, '98 DHS results, improved population estimates, mortality data. Despite little data being available to correctly calibrate the model it provides estimates for the four main race groups. The results incorporate risk group percentages and condom use profiles. It assumes migration will fall from a net in-migration of 190 000 in 1996 to a nil gain over a 30-year period. The model assumes an infant mortality rate of 30% per annum for those born infected and a median term to death of five years for those contracting disease via their mothers' milk. A contagion matrix incorporates a number of additional influences including: transmission probabilities by risk group sex and number of new partners the probability of the partner belonging to a risk group, number of contacts per new partners, condom usage by year and, condom effectiveness measures. The author indicates the resultant projections 'flatten out too soon' but concludes that the aggregated data (ie. for all nine provinces) produces a 'remarkably good fit to all data except 1998 ANC'. The ultimate plateaus of prevalence rates range from 17% for Western Cape to 43% for KwaZulu-Natal – assuming no changes in behaviour. A national prevalence rate of about 30% is observed.

Doyle PR (1993)

The demographic impact of AIDS on the South African population

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Doyle PR (1991)

The impact of AIDS on the South African population

In: AIDS in South Africa: The demographic and economic implications

Grassly NC & Garnett GP (2000)

The epidemiology of HIV in the Commonwealth: An overview

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Groenewald C (2000)

Northern Cape: The demographic impact of HIV/AIDS

Joint Population Conference: The demographic impact of HIV/AIDS in South Africa and its provinces, Port Elizabeth

Groenewald compares the differences between the low and high impact scenarios for the Northern Cape. These scenarios were developed by Calitz of the Development Bank of South Africa. The author notes that, of the nine provinces, the Northern Cape has the second lowest prevalence of HIV. Nevertheless, despite the increased mortality rate and lower life expectancy (a drop of over 10 years to 50.8 years in 2011) the population will still tend to age slightly. The median age in 2011 will rise from 25.9 (low impact scenario) to 26.58 years (high impact scenario).

ING Barings (1999)

The demographic impact of AIDS on the South African economy

ING Barings, Johannesburg

This study sets out to determine the demographic changes to the South African population by age, skills level and economic sector brought about by the AIDS epidemic. For the total population, HIV infections are forecast to peak at 16% in 2006. Among the economically active, HIV infections will peak at a higher 22%. It is suggested that mining, government, transport, construction and consumer manufacturing will be the highest impacted. Cost impacts include higher benefit payments, costs of rehiring and retraining, and indirect costs of productivity. A key factor likely to lower potential GDP growth after 2005 is the diversion of funds away from savings to pay for the costs of the illness.

Kamuzora CL (2000)

The demographic impact of HIV/AIDS in Africa

Joint Population Conference: The demographic impact of HIV/AIDS in South Africa and its provinces, Port Elizabeth

Contrary to most of the recent works this article is typified by an 'optimism' regarding the demographic impact of AIDS. The author concludes an examination of UN projections and its impact of age profiles is a 'bitter sweet scenario'. The author finds that populations of Africa will continue to grow and remain young due to the momentum in the young age structures, from past and current high fertility, offering relief to fears of being wiped out. This is justified by the disease being epidemical (only) on 'smaller locations'. The conclusions are probably due to the authors reliance on curiously dated UN projections from the late '80s and early '90s. This allows the author to accept, as a working hypothesis, that fertility rates would not be affected if 'HIV prevalence is small, for example maximum of 15% so far observed'. By relying on this information neither South Africa nor Botswana is identified as being part of the epidemic. Similarly, the epidemic is typified by the author as a largely urban phenomenon.

Kongsin S & Watts C (2000)

Conducting a household survey on economic impact of chronic HIV/AIDS morbidity in rural Thailand: Methodological issues

International AIDS Economics Network (IAEN) Conference, Durban

This paper concentrates entirely on the practical issues in conducting a household survey in a rural village type setting. The study seeks to identify the impact of communal coping mechanisms on how households deal with AIDS. The paper describes how the study was structured without presenting any findings. The study is in effect one on the impact on households of prolonged morbidity (probably attributable to AIDS). This impact is to be compared to a control group of similar size. The issues raised are with respect to eliciting participation, involving community leaders etc. It will probably be of use in any similar South African study.

Kremer M (1996)

Integrating behavioural choice into epidemiological models of AIDS

National Bureau of Economic Research, Working Paper 5428, Cambridge, MA, USA

Increased HIV risk creates incentives for people with low sexual activity to reduce their activity, but may make high-activity people fatalistic, leading them to reduce their activity only slightly, or actually increase it. If high-activity people reduce their activity by a smaller proportion than low-activity people, the composition of the pool of available partners will worsen, creating positive feedbacks, and possibly multiple steady state levels of prevalence. The timing of public health efforts may affect long-run HIV prevalence.

Kustner HG, Swanevelder JP & van Middelkoop A (1998)

National HIV surveillance in South Africa: 1993-1995

South African Medical Journal 10:1316-20

Lincoln DW (1998)

Reproductive health, population growth, economic development and environmental change

MRC Reproductive Biology Unit, University of Edinburgh Centre for Reproductive Biology, London

World population will increase by 1 000 million, or by 20%, within 10 years. 95% of this increase will occur in the south, in areas that are already economically, environmentally and politically fragile. Morbidity and mortality associated with reproduction will be greater in the current decade than in any period in human history. Annually, 40-60 million pregnancies will be terminated and 5-10 million children will die within one year of birth. AIDS-related infections, eg. tuberculosis, will undermine health care in Africa (and elsewhere) and in some places AIDS-related deaths will decimate the work-force. The growth in population and associated morbidity will inhibit global economic development and spawn new problems. The key issues are migration, the spread of disease, the supply of water and the degradation of land, and fiscal policies with respect to family planning, pharmaceuticals and Third-World debt. Full education, particularly of women, and more effective family planning in the south have the power to unlock the problem. Failure will see the developed countries, with their 800 million population, swamped by the health, economic and environmental problems of the south, with its projected population of 5 400 million people for the year 2000.

Matebeni Z (2000)

Has South Africa turned the corner? Reassessing the recent HIV prevalence rates

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

Matebeni shows that the unweighted ANC surveillance data presented by the Department of Health both overstates the prevalence of HIV and understates the decline in HIV rates for the period 1998 to 1999. Matebeni attributes this difference to departmental mis-weighting by race, province and age group.

Mboweni GS (2000)

The demographic impact of HIV/AIDS on the Northern Province

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

Mboweni reviews the available statistics on HIV/AIDS prevalence in the province. The 1999 prevalence rate (based on ANC attendance) was 11% versus 22.8 % nationally in 1998. Mboweni attributes the 'high' prevalence to a number of factors including sexual mores, poverty, internal migration and ignorance.

McKenzie A (2000)

The possible impact of HIV/AIDS on fertility decline in South Africa

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

This paper argues that fertility is far more variable than previously believed. The challenge for demographers is to recognise this historical fluctuation. Given the current fertility decline of the last 30 years and the impact of the AIDS pandemic on fertility and CBR, it is likely that the decline will speed up. To some this is the natural process as spelled out in the DTT. But, CDR has increased and part of this fertility decline is not due to factors that played themselves out in the fertility decline in developed countries. Thus, to assume that fertility will continually decline (in line with the DTT) is only one of several scenarios. More likely, with depopulation, fertility (in the medium term) will rise to compensate.

Meidany F, Horikoshi Y, Lewis D., Rhode J, Kutu M, Mayana V & Ntoto A (2000)

Relationship between HIV prevalence and population density: The Eastern Cape experience

Poverty and Inequality: The Challenges for Public Health in South Africa Conference, Epidemiological Society of Southern Africa (ESSA), East London, SA

Meidany et al assume that the HIV rate observed at sentinel sites in the Eastern Cape approximates the rate for the magisterial district in which the site is located. They then correlate population density and HIV prevalence. They found that there is a statistically significant correlation between the two variables – as population density increases so does the HIV rate (at a given point in time) $HIV\ rate = 0.09 * \log(\text{population density}) + 0.018$. The authors reproduce results from the antenatal survey in the Eastern Cape showing the prevalence of the disease by health region, age category and area type.

Nagelkerke N, Jha P, de Vlas S, Korenromp E, Moses S, Blanchard J & Plummer F (2001)

Modelling the HIV/AIDS epidemics in India and Botswana: The effect of interventions

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5: 4

In order to identify best strategies for HIV/AIDS control in two different countries, India and Botswana, we developed and used a dynamic compartmental simulation model. Several interventions were considered: a) a

sex worker (CSW) focused behavioural intervention; b) a Mwanza-style conventional STI (sexually transmitted infections) treatment programme; c) a mother-to-child transmission prevention programme; d) a highly active anti-retroviral therapy (HAART) treatment programme for the entire population; e) a HAART treatment programme for sex workers only. Both the Mwanza-style and CSW intervention hold promise for long-term control, although their ranking is difficult to decide with certainty. Mother-to-child transmission programmes will do just that but will not dent the epidemic itself. HAART interventions may have short-lived effects on transmission, but within decades drug resistance will be generalised and the epidemic will continue unabated. A more restrictive use, targeting only late stage patients, would delay the development of resistance somewhat.

Nannan N (2000)

An overview of the demographic impact of the HIV/AIDS epidemic in the Free State

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

A series of overheads, tables and graphs detailing the prevalence and anticipated impact of HIV/AIDS in the Free State at provincial level.

Nannan N (2000)

Estimating childhood mortality in South Africa

Poverty and Inequality: The Challenges for Public Health in South Africa Conference, Epidemiological Society of Southern Africa (ESSA), East London, SA

The 1996 Census and the 1998 Demographic and Health Survey are used to definitively estimate levels of childhood mortality from 1983-1996. The national pattern which emerges from both sets of data show the same trend over time. The provinces reveal huge disparities in terms of the levels of infant and under-five mortality. The findings confirm that improvements over time have been achieved, but there is a distinct reversal of this trend around 1992, when these indices begin to increase. These differences and their determinants are explored.

Nannan N, Timaeus IM, Bradshaw D, Dorrington R (2000)

The impact of HIV/AIDS on infant and child mortality in South Africa

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

A generalised HIV epidemic can have a major impact on the trend in all-cause infant and child mortality. This paper investigates recent trends in infant and under-five mortality in South Africa using two new sources of data – the 1996 Census and the 1998 Demographic and Health Survey. The paper concludes that child mortality in South Africa are rising rapidly. The increase is about what one would expect on the basis of the prevalence of HIV infection reported in the annual antenatal surveys. This rise in mortality can be attributed to paediatric AIDS.

Obaid TA (2001)

The state of world population 2001 - Footprints and milestones: population and environmental change

United Nations Population Fund (UNFPA)

Pattinson B (1998)

Saving mothers: Report on confidential enquiries into maternal deaths in South Africa

Department of Health, Pretoria

Pisani E (1997)

The socio-demographic impact of AIDS in Africa

African Journal of Reproductive Health, 1 (2):105-7

Pisani E, Schwartlander B, Cherney, S & Winter A (2000)

Report on the global HIV/AIDS epidemic

UNAIDS, Geneva

This report firmly locates the AIDS epidemic as a developmental problem and a security issue. It gives prominence to the situation in sub-Saharan Africa. The report points to both the magnitude of the problem in this area as well as the successes achieved in Uganda and Zambia. The latter are explicitly related to changes in sexual practices other than the wide-scale adoption of condom use. The text offers overviews of the scale and nature of the epidemic by continent. The data used is drawn from a variety of sources including the US Census Bureau, Macro International's DHS surveys and UNICEF. The report also offers overviews of the climates in

which the epidemic is left unhindered. The second half of the book deals with an overview of the responses to the epidemic in terms of care counselling and policies. The annexures cover the reliability of the projections and summarises (by country) prevalence rates and counts, prevention indicators and some indications of the reliability of the estimates.

Quinn TC (1996)

Global burden of the HIV pandemic

The Lancet, 348:99-106

Rosen J & Conly S (1998)

Africa's population challenge accelerating: progress in reproductive health

Population Action International, Country Studies Series # 4, Washington DC

Expanding and improving Family planning and Related Reproductive Health Service.

Shell R (2000)

Yangen'inkomo endlwini. The cow enters the hut: AIDS in the poorest province of South Africa, 1976 to 2001

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

In this paper Shell presents an overview of the past and anticipated effect of AIDS in the Eastern Cape. The overview includes an examination of vectors such as migrant labour, prisons, army bases (Trojan Horses), the transport infrastructure, STDs, Tuberculosis, etc. He points to the under-representation of the rural parts of the province in the antenatal survey. Shell speaks to cultural transmission factors in the region: nuptiality rates and traditional marriage patterns, circumcision, sex workers, myths (notably that sex with a virgin will cure AIDS) etc. He also presents a summary of patterns of transmission for region 'A' which indicates that in 43% of cases the method of transmission is not known and that five of the nine modes of transmission are almost certainly under-reported.

Shell R & Zeitlin R (2000)

Positive outcomes: the chances of acquiring HIV/AIDS during the school-going years in the Eastern Cape, 1990-2000

Population Research Unit, Rhodes University East London Campus, working paper # 26, SA

The authors explore the probability of acquiring HIV/AIDS for learners enrolled in SA government schools in the Eastern Cape. Ante Natal Clinic published data and a 10% sample of the Census of 1996 are used to calibrate the probabilities of becoming infected. While education is glibly assumed to be a key turnaround factor and cultural antidote to the further spread of the pandemic, the authors point out that this earnest and understandably near universal hope is unlikely to translate into reality. Evidently, learners in the new post-1994 schools are being exposed to peer group pressures which are overwhelming HIV awareness programmes the students may be exposed to even via the new governments revolutionary curriculum of 2005. While the number of years at school is correlated with lower STD rates, this does not find an echo in lower HIV rates, nor indeed, lower pregnancy rates. HIV rates among school-going adolescent women in the Eastern Cape are growing extremely rapidly. The HIV rates among the age group 15-19 in the Eastern Cape are now among the fastest HIV growth rates in the world. Interventions include single sex schools, single sex teaching and significant, interventionist, reproductive health counselling. Clearly, the educational system in and of itself provides no shield of knowledge against the pandemic and should be comprehensively reviewed long before 2005. The authors conclude that sex and death lurk on the playgrounds and in the classrooms as much as they do at truck stops and near military installations.

Shell R, Quattek K, Sch[^]nreich M & Mills G (2000)

Occasional papers

Konrad Adenauer Stiftung, Johannesburg

Smith A (1999)

HIV epidemiological trends

Paper prepared for the HIV/AIDS Update Symposium, Durban

Southall H (1993)

South African trends and projections of HIV infection

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Stover J (1996)

The future demographic impact of AIDS: What do we know?

The Futures Group International, Washington DC

Stover presents overviews of the projection models used by the United Nations the U.S. Bureau of the Census, the Population Council and the World Bank. He compares the three models and finding dramatic differences in their projections for African countries, attempts to account for the differences.

Swanevelder JP (1998)

The South African HIV epidemic, reflected by nine provincial epidemics, 1990-1996

South African Medical Journal, 88 (10): 1320-5

Swartz L (2000)

Draft NPU report on South African HIV/AIDS best practice models and strategic interventions

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

The primary aim of the project was to survey NGOs and organisations active in the field of HIV/AIDS prevention and care programmes with regard to best practices. Results from the study indicated that the majority of projects focused on prevention projects as well as the HIV/AIDS infected and uninfected. Most of these projects were situated in the urban areas of Gauteng, Western Cape and KwaZulu-Natal, which illustrated that rural areas was very much discriminated against when it comes to the rendering of HIV/AIDS services. The study further indicated that government is the major funding source and recommends that local business must play a more contractive role in the funding of projects. Lastly, recommendations are suggested for the developing of programmes around the military as well as immigrants and refugees.

Tembo G (2000)

An overview of the epidemiology of HIV in Africa

In: HIV/AIDS in the Commonwealth Conference, Durban

Growing evidence from Senegal and Uganda shows that a strong combination of firm political support, broad institutional participation and carefully selected programme interventions can lead to a decline in the number of new HIV infections, and to improved care for those who are ill. The need to create a supportive and open environment in the community and to raise general awareness cannot be overstated. In most countries communities are responding innovatively and spontaneously, and such responses must be grasped and expanded to other communities. HIV/AIDS programmes must integrate both prevention and care aspects, and must be flexible and adapt to emerging knowledge.

Timaeus I, Bradshaw D, Dorrington R & Nannan N (2000)

Reversal in adult mortality trends in South Africa

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

The authors emphasise that the current projections do not indicate how many people are actually dying from AIDS. This can only be obtained by measuring mortality. The study analyses data from the vital registration statistics, household surveys and the 1996 Census to reveal indices of mortality and of the probability of dying between the ages of 15 and 60 in particular. Despite inconsistencies in the data 'the results suggest that adult mortality declined rapidly until the mid 1970s and then more slowly until the early 1990s. Since then, adult mortality has risen at an accelerating rate.'

UNAIDS (1998)

Reaching regional consensus on improved behavioural and sero-surveillance for HIV: Report from a regional conference

UNAIDS, Geneva

Reports on the needs for development of behavioural and sero-surveillance systems in East Africa. Limitations of current surveillance systems are spelled out and recommendations are made to improve existing systems in specific areas of monitoring and data collection. The document demonstrates the importance of collecting behavioural data to inform epidemiological understanding and discusses the major components of second-generation surveillance systems.

Van Aardt C (2000)

Guestimating the number of AIDS related mortalities and AIDS medical impacts

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

There is a great deal of uncertainty regarding the number of AIDS-related mortalities in South Africa. Estimates range from 65 000 to 140 000 (1999). A method was reviewed to provide a more accurate picture. This allows for projections of hospital bed days, drug costs and other contingencies.

Weir-Smith G (2000)

Demographic characteristics of HIV/AIDS communities

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

The consequence of HIV/AIDS places significant burdens on the health systems, labour forces and economies of these countries. A thorough understanding of the communities with a high incidence of HIV/AIDS is needed in terms of the following: their socioeconomic characteristics, access to services and infrastructure and the impact on the local economy. Statistics on HIV/AIDS in South Africa are scarce and incomplete in terms of geographical distribution. In order to shed some light on this issue the Human Sciences Research Council analysed data from a recent national survey. Data on HIV/AIDS prevalence was collected during this national survey. The survey data was collected at a community level and extrapolated to a police station level with the use of neural networks. The socioeconomic profiles of these communities will be explained using a combination of demographics based on the 1996 Census and data captured from the survey. Placing the HIV positive individual in a community perspective will help to understand and correctly address the problem. The identification of trends and characteristics will help to develop strategies and policies, provide the needed HIV/AIDS treatment and implement relevant campaigns.

Whiteside A (ed) (1998)

Implications of AIDS for demography and policy in Southern Africa

University of Natal Press, Pietermaritzburg

This book is a collaborative effort between demographers, sociologists, and health systems analysts to relate HIV modelling and projections to policy and development planning. Projections and methodological considerations are integrated with policy and planning. A chapter on AIDS and development planning notes the failures in setting up interdepartmental structures across national and provincial levels. Revisiting lessons learnt, a path for 'the way forward' is charted.

Wilkinson D & Dore G (2000)

An unbridgeable gap? Comparing the HIV/AIDS epidemics in Australia and sub-Saharan Africa

Australia and New Zealand Journal of Public Health, 24 (3):276-80

Comparison of key indicators of the epidemic in Australia, and Africa are reviewed largely through the experience of the Hlabisa health district, South Africa. To the end of 1997, for all Australia, the estimated cumulative number of HIV infections was approximately 19 000, whereas in Hlabisa 31 000 infections are estimated to have occurred. Compared with the low and declining incidence of HIV in Australia (< 1%), estimated incidence in Hlabisa rose to 10% in 1997. In all, 94% of Australian infections have been amongst men; in Hlabisa equal numbers of males and females are infected. Consequently, whereas 3 000 children were perinatally exposed to HIV in Hlabisa in 1998 alone, 160 Australian children have been exposed this way. In Australia, HIV-related disease is characterised by opportunistic infection whereas in Hlabisa tuberculosis and wasting dominate. Surveys among gay men in Sydney and Melbourne indicate > 80% of HIV infected people receive antiretroviral therapy whereas in Hlabisa these drugs are not available. It seems possible that Asia and the Pacific will experience a similar HIV/AIDS epidemic to that in Africa. Levels of HIV are already high in parts of Asia, and social conditions in parts of the region might be considered ripe for the spread of HIV. As Australia strengthens economic and political ties within the region, so should more be done to help Pacific and Asian neighbours to prevent and respond to the HIV epidemic.

Williams B & Campbell C (1998)

Understanding the epidemic of HIV in South Africa. Analysis of the antenatal clinic survey data

South African Medical Journal, 88 (3):247-51

This article analyses the magnitude and the time course of the HIV epidemic in the provinces of South Africa from the antenatal clinic HIV surveys. Data on the provincial prevalences of HIV infection from 1990 to 1996 were analysed using maximum likelihood methods to determine the intrinsic growth rate and probable asymptotic prevalence of HIV among women attending antenatal clinics. The subjects were women attending antenatal clinics and included in the national HIV prevalence surveys conducted by the Department of Health. Analysis showed that in KwaZulu-Natal the epidemic is likely to peak at a prevalence of about 23% (95% confidence interval (CI) 19-36%). The intrinsic doubling time does not differ significantly among the provinces. The average length of the intrinsic doubling time is 12 months (95% CI 11.3-12.8 months). The force of infection is approximately 1/year at age 16 years and declines at a rate of about 5% per year of age above 16 years. It is concluded that South Africa is likely to experience one of the worst HIV epidemics in Africa. The lack of statistically significant differences between the growth rates of the epidemic in the various provinces constrains the possible explanations that can be advanced to explain the time course of the epidemic and may in part be a consequence of migrancy. The intrinsic growth rate is higher than previous estimates and

it is possible that in those provinces where the prevalence is still low it will eventually reach the same levels as in KwaZulu-Natal.

Williams B, Gilgen D, Campbell C, Taljaard D & MacPhail C (2000)

The natural history of HIV/AIDS in South Africa: A biomedical and social survey

CSIR, Johannesburg

The book recounts an 'ecological study' of the Carletonville community. The rates of infection in Carletonville are extremely high, not only among commercial sex workers and mineworkers but also amongst people in the general population. Rates of STDs are also very high among all sectors of the society – even for easily curable diseases such as syphilis. Condom use is very low with regular and with casual partners. One of the reasons for this may be the high proportion of women using injectable contraceptives which protect them against pregnancy but not against HIV infection. Risk factors of measures of social capital are associated with an increase or a decrease in the likelihood of infection. Belonging to a church or a sports club is associated with lower rates of infection; belonging to a stokvel with higher rates of infection. Alcohol consumption is also associated with a higher risk of infection. An overview of the intervention is provided including ways in which the project is attempting to improve the management of STDs; mobilising and training community based peer educators, condom distribution, mobilisation of stakeholders from government, industry, trade unions, community organisations and structures.

Williams B, Gouws E & Abdool Karim S (2000)

Where are we now? Where are we going? The demographic impact of HIV/AIDS in South Africa

Journal of South African Science, 96 (6)

Demographic forecasting models of the South African population, incorporating geographical distribution and age prevalence data on HIV infection, have been used to predict future mortality due to AIDS. In the year 2010, approximately 500 000 AIDS-related deaths are predicted, up from 100 000 this year. If anything, these models have underestimated the course of the epidemic so far. There is a need for better models to understand the dynamics of AIDS as well as to measure the effects of co-factors, in order to marshal the most effective response nationally.

Williams B, Gouws E, Wilkinson D, Karim SA (2001)

Estimating HIV incidence rates from age prevalence data in epidemic situations.

Stat Med. 2001 Jul 15;20(13):2003-16

Abt and Associates (2000)

Partnership for health reform

Abt and Associates, Cambridge, Maryland

Act Africa (2001)

Exploring the implications of the HIV/AIDS epidemic for educational planning in selected African countries :The demographic question

The World Bank, Washington DC

The HIV/AIDS epidemic is causing considerable turbulence in the education sector in many countries in eastern and southern Africa. Turbulence, with its imagery of swirling, rapid change, is appropriate in this case. The impacts of HIV/AIDS on the education sector will assuredly be profound but not necessarily all in the same direction. How African countries respond to this turbulence will affect both their ability to improve educational services for African children as well as the future course of the HIV/AIDS epidemic.

Adeyi O, Hecht R, Njobvu E & Soucat A (2001)

AIDS, poverty reduction and debt relief: A toolkit for mainstreaming HIV/AIDS programmes into development instruments

UNAIDS/World Bank, Best Practice Collection, Geneva

In the past two years we have seen unprecedented levels of political and institutional interest in reversing the course of the HIV/AIDS epidemic. Political leadership has improved significantly in some of the worst-affected countries, thus providing a more favourable environment for the fight against the epidemic and its negative effects on development.

Ainsworth M (1998)

Setting government priorities in preventing HIV/AIDS

Finance and Development, March

No cure has yet been found for the virus that causes AIDS, and an effective vaccine is still far off. The key to arresting the AIDS epidemic in developing countries is preventing HIV infection by changing individual behaviour. What actions can be taken to encourage such change, and to which of these should governments give priority?

Ainsworth M & Over M (1994)

AIDS and African development

World Bank Research Observer 9 (2)

Ainsworth M & Teokul W (2000)

Breaking the silence: Setting realistic priorities for AIDS control in less developed countries

The Lancet 356:55-60

The AIDS pandemic is a human tragedy that is threatening development in the poorest countries. There is no cure or vaccine, but the tools to control the epidemic already exist. Nevertheless, there are few examples of national AIDS control programmes that have had an impact on the epidemic. This can be attributed to the reluctance of governments to confront AIDS and a failure to prioritise activities in the face of severe financial and administrative constraints. When implementation capacity is weak, expanding the number of activities may not improve programme effectiveness. Rather, by implementing a smaller, core set of the most cost-effective activities on a national scale, policy-makers could have a huge effect on the overall epidemic in a sustained way and provide a foundation for expansion.

Ainsworth M, Beegle K & Koda G (2000)

The impact of adult mortality on primary school enrolment in northwestern Tanzania

World Bank, USAID and Danida, Washington DC

Amoako KY (2000)

AIDS: The greatest leadership challenge

African Development Forum 2000, Addis Ababa

Anderson S, Geyer N & Gwagwa T (2000)

Nurses and midwives make a difference in the HIV/AIDS epidemic

In: HIV/AIDS in the Commonwealth 2000/1, Kensington Publications, London

As the 20th century drew to a close, some 33.6 million men, women and children faced a future dominated by a fatal disease unknown just a few decades ago. Last year saw 2.6 million deaths resulting from HIV/AIDS, a higher global total than in any year since the beginning of the epidemic. However, with the HIV-positive population still expanding – there were 5.6 million new infections in 1999 alone – the annual number of AIDS deaths can be expected to increase for many years before peaking (AIDS epidemic update, 1999).

Association of Commonwealth Universities and University of Natal (1999)

The social, demographic and development impact of HIV/AIDS: Commonwealth universities respond

Association of Commonwealth Universities and the University of Natal, Durban

Attaran A & Sachs J (2001)

Defining and refining international donor support for combating the AIDS pandemic

The Lancet 357:57

The international aid effort against AIDS is greatly incommensurate with the severity of the epidemic. Drawing on the data that international aid donors self-reported to the Organization for Economic Cooperation and Development (OECD), the authors find that, between 1996 and 1998, finance from all rich countries to sub-Saharan Africa for projects designated as AIDS control averaged US\$69 million annually, and, assuming a safe margin for under-reporting and misreporting, they estimate that total donor spending on HIV/AIDS control was perhaps twice that at most. Since the late 1980s, aid levels have dropped relative to the prevalence of HIV infection, and stood recently at about \$3 per HIV-infected person. Lack of finance is now the primary constraint on progress against AIDS, notwithstanding the widespread belief that a lack of interest from the governments of poor countries is limiting. They argue that to produce a meaningful response to the pandemic, international assistance must be based on grants, not loans, for the poorest countries; be increased within the next 3 years to a minimum of \$7.5 billion or more; be directed toward funding projects which are proposed and desired by the affected countries themselves, and which are judged as having epidemiological merit against the pandemic by a panel of independent scientific experts; and fund concurrent needs, including prevention, drug treatment (such as highly active antiretroviral therapy), and blocking mother-to-child HIV transmission. An effort of this scope and scale will both radically alter the prospects for intervention against AIDS in poor countries, and together with comparable efforts to control other infectious diseases, is easily afforded by the OECD donor economies, whose aggregate national income recently surpassed \$21 trillion annually.

Badcock-Walters P (2000)

AIDS Briefs for sectoral planners and managers: Education sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

While the potential impact of the pandemic on the education sector is profound in general terms, it is in a developing country context that the problem presently looms largest. Contextual reasons for this particular vulnerability include a higher incidence of social instability, comparatively dysfunctional education systems, higher attrition, repetition and dropout rates, and the problem of over-aged enrolment. These factors combine to create an environment in which limited numbers of system managers and under-qualified and under-resourced educators wrestle with large numbers of disparately aged learners whose home lives are all too often touched by poverty, violence and social turbulence. Exacerbating these problems, the sector is characterised by the lack of hard data on seroprevalence, an absence of policy, limited management skills and depth, and often ill-disciplined and consequently dangerously exposed educators. Add to this a disproportionately large number of overage and sexual active learners, already reflecting infection rates in the wider population of the same ages, and the system is in effect a high-risk breeding ground for infection instead of being a pre-employment area of containment. It is an opportunity presently ignored or squandered to a large extent through ignorance, wilful negligence or lack of knowledge or resources. Given the unique opportunity presented by the education system to play a central role in prevention, it is extraordinary that it has been largely ignored. To reverse this position, political and bureaucratic will is required, as is community interaction and the engagement of the private sector.

Badcock-Walters P & Whiteside A (2000)

HIV/AIDS and development in the education sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Bader J (2000)

The use of community health workers will enhance the government's primary health initiative

Poverty and inequality: The challenges for public health in South Africa conference, Epidemiological Society of Southern Africa (ESSA), East London

Access to health services remains a problem for rural communities in South Africa. Very often the mobile clinic is the sole accessible form of health service for these communities, and due to the infrequent appearance of these clinics in some areas, needs are not being met. The author argues for a programme that incorporates community health workers as a fast-track intervention.

Barks-Ruggles E (2001)

The globalization of disease

Brookings Review, 19 (4):30

Focuses on the impact of the globalisation on trade, travel and food sources on the spread of disease among humans, animals and plants. Creation of a global trust fund to combat HIV/AIDS, malaria and tuberculosis; findings of the US National Intelligence Council on the threat posed by diseases to various countries; increase in the number of people and goods coming to the US.

Barnett T & Whiteside A (2001)

AIDS in the 21st century: Disease and globalization

By the end of 2001 about 40 million people world-wide were living with HIV and a further 20 million had died from the disease. Most new infections occur in young adults. The poor world and especially the African continent bears the brunt of this epidemic. Eastern Europe is currently experiencing the fastest growing epidemic with India and China following in the train. This important book argues that HIV/AIDS is an epidemic of globalisation. Its trajectory can be directly linked to global inequality. Globalisation determines the scale and scope of HIV/AIDS, and HIV/AIDS will shape international political, economic and social relations in the first decades of this century. Above all, HIV/AIDS shows the bankruptcy of national and international public health policy. The authors look at the forces driving the epidemic and describes its impacts. They argue that HIV/AIDS is a long wave disaster that is now unfolding inexorably. Conventional measures of impact do not adequately describe its scale. They show that HIV/AIDS is already leading to unprecedented impoverishment that will be felt for generations. Both prevention and mitigation responses have been half-hearted and inadequate and the results of this will be apparent in the years ahead. This is hardly surprising given a global order where responsibility no longer rests with national governments but rather with faceless multinational corporations or supranational bureaucracies. This book sounds a wakeup call that all is not well in the world, and AIDS is a symptom of just how bad things are.

Barnett T, Blas E, Whiteside A (2000)

AIDS Briefs: Integrating HIV/AIDS into sectoral planning

WHO, SARA, HHRA, USAID

This AIDS brief endeavors to provide some ideas as to how the productive sector of subsistence agriculture may be affected and what types of response may be required.

Berman P & Chawla M (2000)

A methodology for optimal allocation of government budget to maximize health coverage: The case of antenatal care in Egypt

Partnerships for Health Reform and Abt Associates, Major Applied Research 4: Technical Paper 2

Many developing countries have invested substantial government funds to develop a public sector health care delivery system to provide a set of priority services such as immunization for children or preventive care for pregnant women. The performance of these systems is often disappointing. People seek alternatives to government provision even when it is available to them at little or no direct cost or they do not receive the priority services at all. Governments often respond to this situation only by trying to do more of what they have done already, increasing the investments in the public sector health care delivery system. This strategy can be found even in countries where government services are clearly underused (i.e., have excess capacity) and where there is also a large and possible growing set of alternative non-government providers that many people may prefer to use. This paper extends our earlier work that developed an analytical model to analyze government choices to expand coverage with priority services. It develops and tests the operational capability of the model with data for antenatal care in Egypt in 1995, augmented by additional estimations as needed. The objective of this analysis was not, however, to develop policy recommendations for Egypt, but rather to test and demonstrate the approach. The paper shows that this type of analysis provides interesting results. More resources should be allocated at the margin to subsidizing transportation, educating women, and financing the use of non-government providers rather than expanding the quantity of public provision. Sensitivity analysis with the model highlights the importance of better measurement of some key variables like quality of care and cost of educating the population and operating subsidies. We conclude that where public services are underused and there are significant non-government alternatives, governments should consider

both demand- and supply-side factors in designing investment programs. We propose that this approach should be applied in other countries where there is available data and it is possible to collect additional information as needed.

Binswanger HP (2000)

Scaling up HIV/AIDS programmes to national coverage

Science, 23:288(5474):2173-6

Bollinger L & Stover J (2000)

How do AIDS control program managers make resource allocation decisions?

The Futures Group International, Washington DC

Based on interviews completed in 14 countries of AIDS control programme managers. Attempts to identify the criteria, methods and principles used to allocate scarce resources to HIV/AIDS interventions. How are governments determining how much will be spent and what type of interventions will be funded.

Bossert T, Beauvais J & Bowser D (2000)

Decentralization of health systems: Preliminary review of four country case studies

Partnerships for Health Reform, Abt and Associates, Cambridge, Maryland

This paper investigates the level of health sector expenditures related to HIV/AIDS, and the division by use of funds; their relationship to overall health expenditure by use of funds; and the major determinants of the level and pattern of expenditures and financing. Case studies from five developing countries (Brazil, Cote d'Ivoire, Mexico, Tanzania, Thailand) are provided.

Bradley D (2001)

The biological and epidemiological basis of global public goods for health

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 15

Brijlal V, Gilson L., Makan B & McIntyre D (1997)

District financing in support of equity: Tender Contract to provide technical assistance to provinces with obtaining equity in district financing. Report submitted to the national Department of Health

Centre for Health Policy, University of Witwatersrand, Johannesburg

Brunet-Jailly (2001)

AIDS and health strategy options: The case of CÔte d'Ivoire

www.worldbank.org/aids-econ/arv/

This article deals with two questions. The first: To what extent are anti-AIDS measures consistent with other aspects of health strategy? The second relates to issues of equity: Are the choices revealed by an examination of the health strategy really ethical?

Campbell C (1999)

Moving beyond health education: The role of social capital in conceptualising 'health enabling communities'

Unpublished paper, London School of Economics and Political Science, UK

This paper explores the concept of social capital and its potential value in community health development.

Carr D, Gwatkin DR, Fragueiro D & Pande R (1999)

A guide to country-level information about equity, poverty and health

Health, Nutrition and Population Department, World Bank, Washington DC

Casey N & Thorn A (1999)

Lessons for life: HIV/AIDS and lifeskills education in schools

European Communities, Luxembourg, Brussels

This manual highlights the means and methods of teaching students at schools Lifeskills education.

Chabala S (2000)

Social realities that hinder financial intervention in achieving poverty alleviation and sustainable development

13th International AIDS Conference, Durban

The premise that financial intervention can lead to economic empowerment and sustainable development through creation of self sustaining income generating activities among poor people is the basis of this paper. Considerable evidence is now available that there are social realities that are a hindrance in the achievement of the plight above. The findings include: inadequate resources (capital) and lack of access to credit facilities; poor people lack investment concepts resulting in short-term investment; some men with selfish motives manipulate their wives from participating in empowerment programmes or income-generating activities; selfish motives by people who have benefited from the project resulting in lack of sharing of information to other poor people; pressure of large families and dependance on income generated from small enterprise; misallocation of funds by poor people evident in using loan funds for purchasing of household assets, debt settling, weddings and alcohol; poor people lack attributes, of good entrepreneurship evident in setting of wrong priorities such as drinking during productive hours, goal setting and determinations.

Charlton K et al (1996)

Poverty, human rights and the health status of farmworkers in the Western Cape: Challenges for the health services

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Chayovan N, Ruffolo V, Knodel J & Peracca S (2000)

Thailand's economic crisis and reproductive health: A case study of Bangkok, Ang Tong, and Sri Saket

The Futures Group International, Washington DC

This study examines the effect of the economic crisis on reproductive health care provision and use in Thailand, given decreased public health budgets, and the potential concurrent decrease in couples' ability to pay for health services. The study examines the effect of the crisis on the population policy's reproductive health focus and its attempt to implement these policies. Providers were interviewed at all levels of policy development and implementation. In addition, researchers conducted structured interviews with married women ages 15-39 to explore the effect of the crisis on their ability to access reproductive health services and the extent to which the crisis has affected their reproductive health. Study results indicated that the economic crisis had an impact on the provision of reproductive health services. Women in Bangkok felt the impact of the crisis more than women in provincial urban and rural areas. Shortages of medical and family planning supplies, the delay in the distribution of the budget, and the reduction of training programmes somewhat hampered service delivery. However, access to services and women's reproductive health status were not significantly compromised.

Chetty D (2000)

Institutionalising the response to HIV/AIDS in the South African university sector: A SAUVCA analysis

SAUVCA Occasional Publications and Reports 2, Pretoria

This report documents responses to the HIV/AIDS epidemic by South African universities. It reflects on the dynamics behind these responses and focuses on the findings of an investigation by the South African Universities Vice Chancellors Association (SAUVCA). The investigation examined institutional responses in four areas: management, planning, programmes and policy. The report analyses key strategy issues including leadership, capacity, resources and the system-level impacts that HIV/AIDS will have on higher education.

Chintu C & Mwinga A (1999)

An African perspective on the threat of tuberculosis and HIV/AIDS – can despair be turned to hope?

The Lancet 353:997

Cohen D (2000)

HIV and development programme

Issues Paper 26, UNDP, Geneva

Strategic planning is essential for a effective response to the epidemic. UNDP has extensive experience and long involvement in the strengthening of national planning capacity in all operational regions. As such it is essential that UNDP apply its general experience in planning together with its understanding of capacity development, to the issue of how best to produce the next generation of national HIV/AIDS Strategic Plans. It is now recognised by many countries that plans need to be both multisectoral and mechanism of social mobilisation. It follows that Strategic Planning is not simply a technical problem but is also one of governance. Integrating Strategic Planning within a framework of governance is an important activity for HDP/UNDP and its collaborating partners in UNAIDS.

Cohen D (1999)

Mainstreaming the policy and programming response to the HIV epidemic

UNDP, Geneva

The HIV epidemic is a developmental issue; development is causally related to the spread of HIV infection and development affects what is feasible in terms of the response to the epidemic. What is required is the adjustment of developmental parameters through strengthening of national policy and participatory programming responses. There is a need for mainstreaming HIV as a development issue, through participatory, integrated, and coordinated programming responses.

Cohen D (1999)

Poverty and HIV/AIDS in sub-Saharan Africa

UNDP, Geneva

There are two bi-causal relationships which need to be understood by those involved in policy and programme development. These are: 1) The relationship between poverty and HIV/AIDS – which includes the spatial and socioeconomic distribution of HIV infection in African populations, and consideration of poverty-related factors, which affect household and community coping capacities; 2) The relationship between HIV/AIDS and poverty – understanding the processes through which the experience of HIV/AIDS by households and communities leads to an intensification of poverty. To make sense of these relationships there has to be an understanding of the complex socioeconomic processes at work in African societies, together with a conceptualisation of poverty which is multidimensional. The HIV epidemic has its origins in African poverty and unless and until poverty is reduced there will be little progress either with reducing transmission of the virus or an enhanced capacity to cope with its socioeconomic consequences. It follows that sustained human development is essential for any effective response to the epidemic in Africa.

Cohen D (1999)

Responding to the socioeconomic impact of the HIV epidemic in sub-Saharan Africa: Why a systems approach is needed

UNDP, Geneva

Regional and international cooperation are required to limit risks to populations through induced labour migration. There is a need for integration in planning and coordinating interventions in health. Problems are developmental and systemic, and require integrated and coordinated interventions.

Cohen D (1997)

The HIV epidemic and sustainable human development

Issues Paper 29, UNDP, Geneva

Cohen D (1999)

The HIV epidemic and the education sector in sub-Saharan Africa

Issues Paper 32, UNDP, Geneva

A functioning and effective educational sector is seen as central for achieving the goals of sustainable human development. An educated population that embodies the skills and capacities needed for development is essential if production levels are to be increased. One of the benefits of development is an educated society. In sub-Saharan Africa there has been extensive investment in human capital for many decades. This investment is threatened by the HIV epidemic. Previous as well as current investment in human capital is at risk. It follows that where resources (financial and human) are scarce, and where the HIV epidemic is systematically eroding the capacity for development, that urgent actions are needed to ensure that socioeconomic sectors do not collapse. The education sector is threatened where factors are operating that are systematically destroying what can be achieved. A functioning education system is both fundamental to achieving sustained development and eradicating poverty and to an effective response to the HIV epidemic.

Collier P & Dollar D (2002)

Globalization, growth and poverty: Building and inclusive world economy

World Bank and Oxford University Press, London

Societies and economies around the world are becoming more integrated. Integration is the result of reduced costs of transport, lower trade barriers, faster communication of ideas, rising capital flows, and intensifying pressure for migration. Integration –or globalisation – has generated anxieties about rising inequality, shifting power, and cultural uniformity. This report assesses its impact and these anxieties. Global integration is already a powerful force for poverty reduction, but it could be even more effective. Some, but not all, of the anxieties are well-founded. Both global opportunities and global risks have outpaced global policy. The authors propose an agenda for action, both to enhance the potential of globalisation to provide opportunities for poor people and to reduce and mitigate the risks it generates. Globalisation generally reduces poverty because more integrated economies tend to grow faster and this growth is usually widely diffused. As low-income countries

break into global markets for manufactures and services, poor people can move from the vulnerability of grinding rural poverty to better jobs, often in towns or cities. In addition to this structural relocation, integration raises productivity job by job. Workers with the same skills – be they farmers, factory workers, or pharmacists – are less productive and earn less in developing economies than in advanced ones. Integration reduces these gaps. Rich countries maintain significant barriers against the products of poor countries, inhibiting this poverty-reducing integration. A development round of trade negotiations could do much to help poor countries better integrate with the global economy and is part of our agenda for action. Globalisation also produces winners and losers, both between countries and within them.

Commonwealth Secretariat (2000)

HIV/AIDS in the Commonwealth 2000/1

Kensington Publications, London

Cook LD & Kirkman GS (2000)

The Africa Competitiveness Report 2000/2001

World Economic Forum (WEF), Geneva, Oxford University Press, London

Three broad factors are essential for electronic commerce to flourish. These are: 1) access to the telecommunications network, 2) the ICT literacy of the population, and 3) the public policy framework that governs the ICT sectors. In all three of these areas, improvement and change are essential if Africa is to become engaged more fully in electronic commerce. Where connectivity does exist, use of the Internet still remains largely the purview of a young, educated, and wealthy African minority.

Coombe C (2000)

Keeping education healthy: Managing the impact of HIV/AIDS on education in SA

In: Current issues in comparative education 3(1)

HIV/AIDS not only attacks individuals. It also attacks systems. It is essential to manage the pandemic's impact on the educational system, while working to limit spread of the diseases. This paper considers what HIV/AIDS is doing to people in SA, some factors that make the pandemic so powerful, and others which have complicated implementation of AIDS strategies. It concludes by identifying ways to strengthen education's response to HIV/AIDS and mitigate its consequence for the system.

Coombe C (2000)

Managing the impact of HIV/AIDS on the education sector

Commissioned by the UN Economic Commission for Africa (UNECA), Pretoria

Cornwall A, Lucas H & Pasteur K (2000)

Accountability through participation: Developing workable partnership models in the health sector

AIDS Bulletin 31 (1)

In recent years, and at least partly in response to an emerging crisis in health-care provision in many countries, there has been a major shift in attitudes to community involvement. Approaches that saw communities primarily as passive recipients of health care have given way to those which seek to make more of the potential that more active community participation might offer for enhanced accountability and improved responsiveness of services. With this shift has come a greater emphasis on issues of governance and, within that, on the institutional dimensions of community participation.

Craddock S (2001)

Disease, social identity, and risk: Rethinking the geography of AIDS

International Affairs 77 (2):347-375

The emergence of new diseases and the re-emergence of 'old' diseases necessitates a relook at what shapes vulnerability to ill health. A framework is proposed that combines a realist approach to mapping vulnerability with feminist and post-structural approaches that focus more attention upon the role of social identities and cultural framings of disease. Too often investigations of disease focus either upon structural determinants of risk such as political policy and the economy, or on discursive definitions of disease that impact its experience. A combination of these approaches would result in a more effective framework for evaluating vulnerability, and subsequently for generating effective disease prevention strategies. The social, economic, political, and cultural context of HIV/AIDS in Malawi is given as an illustration of this framework.

Crewe M (1998)

HIV/AIDS: School-based policy for pupils

AIDS Bulletin 7 (1)

Crewe M (2000)

South Africa: Touched by the vengeance of AIDS: Responses to the South African epidemic

South African Journal of International Affairs 7 (2)

The HIV/AIDS epidemic in South Africa is at a critical phase. Until now, the spread of HIV/AIDS has not been controlled, and the government has yet to adopt a coherent policy. The National AIDS Plan, developed in 1994, is largely unimplemented, despite having been praised as an innovative programme. Complicating the situation are the politics between government and various non-governmental organisations over the control of resources on one hand, and the control of turf on the other. Perceived incompatibilities in agendas cause in-fighting between NGOs themselves and between NGOs and government. A successful HIV/AIDS policy in South Africa must include the efforts of government, NGOs and communities.

Cruse D (1997)

Community health workers in South Africa: Information for provincial policy makers

Health Systems Trust, Durban

International experience has shown that community health workers can make a valuable contribution to improving basic health status in poor communities. However, the nature of their role in South Africa's primary health care system has yet to be defined. This paper reviews the role of community health workers, and their cost effectiveness.

Decosas J & Beaton R (2000)

The school without walls: A unique approach to supporting the local response to HIV in Southern Africa

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Denolf D (2000)

Structural obstacles for economic development in developing countries

13th International AIDS Conference, Durban

Economies of developing countries are often characterised with major macroeconomic problems limiting sustainable development. In periods of economic crisis national resources allocated for health are substantially reduced with dramatic consequences for the population. The AIDS crisis thrives on poverty, together with poor education and health. Direct obstacles which impede economic growth include national monetary policy inducing hyperinflation; excessive price regulation through state intervention; preponderance of informal sector; lack of foreign investments; poorly implemented trade legislation. Underlying obstacles which are more difficult to access: level of technical competence; conflict between personal benefits and benefits for the society; poor administrative capacities; inadequate accountability; unequal distribution of administrative and economical power; weak civil society. Internal and external obstacles in Democratic Republic of Congo are leading to a weak economy which prejudices budget allocation for health expenditures. To achieve a sustainable economic growth, the structural and political obstacles impeding development should be addressed. Introduction of progressive and feasible structural adjustment programmes emphasising social improvements are urgently needed. Economic growth with equitable redistribution of the wealth is of utmost importance to reverse the course of dramatic AIDS epidemic in the developing countries.

Department of Health (2000)

HIV/AIDS/STD strategic plan for South Africa 2000-2005

Department of Health, Pretoria

Department of Social Development (2000)

HIV/AIDS and human development: Situation analysis

Department of Welfare, Pretoria

The paper lists the Social Welfare Plan on AIDS, with strategic foci on targeted preventive interventions; managing the impact of AIDS on social security; strategic alliances; and appropriate policy. The services envisaged by the department include counselling and support, income generating programmes, and foster care placements. The departments of Health and Welfare (Social Development) will coordinate the implementation of the coordinated strategy, that will involve all departments and stakeholder organisations active in the field of HIV/AIDS prevention and care.

Department of Social Development (2000)

National report on social development 1995-2000, Pretoria

Department of Social Development, Pretoria

Department of Social Development (2000)

Population, poverty and vulnerability: The state of South Africa's Population Report 2000

National Population Unit, Department of Social Development, Pretoria

Department of Welfare (Social Development) (1998)

Population policy for South Africa

Department of Welfare, Pretoria

This policy document identifies some of problems related to economic and sociopolitical inequalities contributing to the rapid increase of HIV infection. It further identifies what it sees as priorities: eradication of poverty and increased access to services (primary health care, clean water, sanitation and education). The objective of the Population Policy is to resolve these concerns in a comprehensive manner within the framework of its overall development strategies as contained in the RDP and GEAR. A major strategy within the Policy are poverty reduction through meeting people's basic needs for social security, employment, education, training and housing, as well as the provision of infrastructure and social facilities and services. Another major strategy is the improvement of the quality, accessibility, availability, and affordability of primary health care services, including reproductive health and health promotion services, and their extension to the entire population.

Diop W, Trudelle M, Champagne P & Beaudry R (2000)

The transborder initiative: A network for community partnership in STD/AIDS management

13th International AIDS Conference, Durban

The West Africa AIDS Project, Phase 2 concentrated on interventions targeting mobile groups (intra and inter country): truckers, sex workers, seasonal workers and on residents in contact with mobile groups. The transborder concept is an attempt to disregard borders and maximise the shared economic, social, cultural, and linguistic dynamics for undertaking effective intervention. The intervention seeks to: 1) sustain and link local community action in various bordering countries, targeting the same mobile groups; 2) ensure continuity in services (information – counselling, health STD treatment and prevention) offered to individuals who travel, from the point of departure to the point of arrival and at sites in between; 3) facilitate partnership among institutions, regional projects and community organisations to encourage the most effective mobilisation of resources available. It was found that: 1) a web of relationships is being woven among community organisations in various countries working toward the same goals; 2) a harmonisation of action and the availability of the same services along transborder routes ensures credibility of the messages targeting the same clientele in different countries; 3) the use of subregional African languages in producing support and spreading messages is a pertinent strategy in educational efforts; 4) the transborder initiative is the framework for concrete field partnership among regional project workers.

Drysdale S (2000)

AIDS Briefs for sectoral planners and managers: Health sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Disorganisation and weakness in the health sector facilitates the spread of HIV. In spite of much effort, the seroprevalence rate is still climbing steeply. Until communities recognise and accept the solution lies with them, the health sector can only watch and record the advancing tide. Education must play a major role in the sectoral response. This must be supplemented by a determination to improve and strengthen health systems so they are able to provide treatments which are now available and that are, in most cases affordable. Continued support, with better coordinated research efforts is essential. Non-public providers of health care must be involved in the response. The health sector must take the lead in ensuring that all sectors are involved in planning an adequate response and that it is coordinated at the highest level.

Du Guerny J (1999)

AIDS and agriculture in Africa: Can agricultural policy make a difference?

FAO, Rome

While there are many dimensions to the AIDS pandemic, FAO has focused on the impact of the disease on agricultural production and household food security. This article presents a framework for analysing the problems and highlights key effects on farm households and larger production units. HIV/AIDS depletes both human resources and capital, leading to a reduction in land area cultivated, changes in crop patterns and declines in yields. Reduction in the formal and informal training of children and changing migration patterns can have negative consequences for development. Agricultural policies attempt to influence yields, commercial crop outputs, etc. Whether such policies can affect the spread and level of the HIV/AIDS pandemic or mitigate its impact have not been explored. The agriculture and health sectors need to become aware of the impact of the pandemic on production, food security and institutions. They also need to recognise there already exist a number of policy and programme tools that could be effective in reducing the vulnerability of rural populations to HIV/AIDS. At this stage, the most effective policy and programme instruments available need to be explored systematically. Efforts to mobilise agricultural institutions, both public and private, are worthwhile

in the face of the present and potential damage of the pandemic. Reducing vulnerability influences the risks, but does not eliminate them. Policies to reduce vulnerability would not replace risk reduction ones, but should create positive synergies.

Du Guerny J & Hsu L-N (2000)

Population movement, development and HIV/AIDS: Looking towards the future

UNDP HIV and Development in Asia and the Pacific, South East Asia sub-region

The purpose of this study is to examine how trends in movement of populations may have contributed to an increase in the spread of HIV.

Engel IE (2000)

HIV/AIDS in Namibia: The impact on the livestock sector

Food and Agriculture Organisation (FAO), Geneva

There is little information on the potential impact of HIV/AIDS on the livestock sector in Namibia. Moreover, the absence of sector-specific and agriculturally relevant interventions to counteract the potential negative impacts is an issue of concern for decision-makers. Because the AIDS pandemic is regarded as an important crosscutting developmental issue, it requires a multi-disciplinary approach to understand it and to intervene effectively. This note focuses on the specific impact on the livestock sector, and it suggests strategies for consideration by the sector stakeholders in order to minimise and/or mitigate the negative impacts of HIV/AIDS on livestock.

Fedderke J, de Kadt R & Luiz J (2000)

Economic growth and social capital: A critical reflection

University of the Witwatersrand, Johannesburg & University of Natal, Durban

Fidler D (2001)

International law and global infectious disease control

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 18

Floyd K, Reid A, Wilkinson D & Gilks G (2000)

The economic impact of the HIV/AIDS epidemic on the health sector in rural South Africa

13th International AIDS Conference, Durban

South Africa is experiencing one of the world's most severe HIV/AIDS epidemics. There is limited evidence concerning the economic consequences this will have for health services, especially in rural areas. The economic impact of HIV/AIDS on health services was studied in Hlabisa District, KwaZulu-Natal, South Africa, for the period 1991-1998. This is a rural area where HIV seroprevalence increased from approximately 2% to 29% (1991-8). Hospital admissions grew 81% (1991-8); increases for tuberculosis (TB) admissions (360%) and those for AIDS-defining conditions other than TB (43-fold increase) stood out clearly. HIV-attributable TB accounted for 1%, 1% and 10% of total hospital, adult medical ward and adult TB ward costs respectively in 1991; by 1998 the figures were 9%, 13% and 58%. AIDS-defining conditions other than TB accounted for 12% and 7% of adult female and male medical ward costs in 1998, compared to 1% in 1991. Early HIV-related morbidity (HIV-attributable but not TB or other AIDS-defining conditions) accounted for 2% and 10% of adult male and female medical ward costs respectively in 1998. Average length of hospital stay for TB patients fell from 81 to 18 days, limiting growth in the TB ward bed occupancy rate to 9%; the cost-effectiveness of care also improved. On the adult medical wards reductions in length of stay were much more limited and bed occupancy rates rose, reaching 200% on the adult female medical ward in 1998 compared to 123% in 1991. Approximately 1% of patients attending clinics met the AIDS surveillance case definition in 1998. The HIV/AIDS epidemic has thus had a major economic impact on hospital services in this district. The single largest impact has been HIV-related TB, but the importance of AIDS-related morbidity and early HIV-attributable morbidity – especially on the adult female medical ward – also needs to be recognised. Clinic services appear less seriously affected.

Folkers GK & Fauci AS (2001)

The AIDS research model

Journal of the American Medical Association (JAMA) 286 (4):458

Focuses on the research effort in AIDS over two decades as of 2001 and how it serves as a model or paradigm of what can be accomplished when a commitment of financial and human resources is applied to a rapidly escalating public health problem. Details of research by the United States relating to HIV and AIDS; development of anti-retroviral drugs for the treatment of the disease; efforts of AIDS activists; how AIDS has become a global problem; comments on future research.

Forsythe S (2000)

AIDS Briefs for sectoral planners and managers: Tourism sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

A number of recommendations can be made based on a review of tourists, hotel employees and the tourism industry. The goals of such recommendations should be to limit the spread of HIV/AIDS, while not impeding the continued expansion of tourism. It is important to recognise that promoting a healthy tourism industry and HIV/AIDS prevention are not contradictory goals, and in many ways are likely to be complementary. By encouraging HIV/AIDS prevention among their employees, the tourism industry can contain the impact of the disease on their industry. Also, by developing non-discriminatory policies and practices that the entire industry must abide by, it is possible to develop stronger trust between employees and employers. This trust is an important tool for assuring that prevention programmes can be carried out successfully. Finally, it is to the benefit of the entire industry to develop an image of tourism that is caring, healthy and enjoyable, rather than dangerous and of low quality.

Fransen L & Whiteside A (2001)

Considering HIV/AIDS in development assistance: A toolkit

World Bank, New York, USA

This toolkit has been prepared to assist staff of the Commission of the European Communities, particularly those in DGVIII (both those in the headquarters and delegations), and consultants, in considering the implications of the HIV epidemic in the provision of development assistance.

Gillies P (1998)

Effectiveness of alliances and partnerships for health promotion

Health Promotion International 13, Oxford University Press

This study explores the need to understand community networks and mobilisation in understanding the factors associated with community health development. The concept of social capital is explored and it is suggested that the concept is important for understanding the varying ways in which communities respond to health needs and development opportunities.

Gilson L (1997)

Implementing and evaluating health reform processes: Lessons from the literature

Major Applied Research 1: Working Paper 1. Abt and Associates, Cambridge, Maryland

This report reviews the literature on past reform experiences and discusses the lessons learned. A key finding is the importance of understanding the underlying factors at play during reform implementation. One of the report's conclusions is that these factors (the level of organizational capacity among reformers, for example) play a critical role in shaping and affecting the success of a reform package. Finally, this report reviews evaluation methods and strategies including the key problems of evaluating public/health sector reform, approaches for evaluation that address these key problems, and critical aspects of the overall strategy of evaluation.

Giraud P (1992)

Economic impact of HIV/AIDS on the transport sector: Development of an assessment methodology

Consultation on economic implications of HIV/AIDS, United Nations Development Programme (UNDP), Geneva

Goldman DP, Bhattacharya J, Leibowitz AA, Joyce GE, Shapiro MF, Bozzette SA (2001)

The impact of state policy on the costs of HIV infection

Medical Care Research & Review 58 (1):31

Goyer KC & Gow J (2000)

Alternatives to current HIV/AIDS policies and practices in South African prisons

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Goyer KC & Gow J (2000)

Contributing factors to increased levels of HIV transmission in South African prisoners

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Goyer KC & Gow J (2000)

The role of prison, prison conditions and government policies in increasing HIV/AIDS infection in South African prisoners

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Greener R, Jafferis K and Siphambe H (2000)

The impact of HIV/AIDS on poverty and inequality in Botswana

South African Journal of Economics

Botswana has very high levels of HIV/AIDS prevalence, affecting people in the age groups 20-45 that are the prime working age, and can be expected to be supporting many dependants. It is therefore logical to conclude that rising illness and mortality due to HIV/AIDS will cause a significant fall in the incomes of affected households, and will therefore cause an increase in the levels of poverty and income inequality in the country.

Hamoudi A (2000)

HIV, AIDS and the changing burden of disease in Southern Africa: A brief note on the evidence and implications

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Hamoudi A & Birdsall N (2002)

HIV/AIDS and the accumulation and utilization of human capital in Africa

African Economics Research Consortium

Education is among the most prominent of the great challenges of development. This paper outlines the likely effects of the AIDS pandemic in Africa on the continent's ability to produce education and use it effectively for growth and poverty reduction. Four channels are explored. First, a supply effect: The deaths of millions of adults, and among them hundreds of thousands of teachers, will bring an increase in Africa's already relatively high fiscal burden of teacher salaries or the need to reduce the educational requirements of teachers. If not for the epidemic, this effect would be akin to an effort to reduce class sizes by about 50%. Second, a demand effect: The foreshortening of time horizons will reduce the lifetime private returns to education, making investments of time and money in schooling appear less attractive. Using data from Demographic and Health Surveys conducted in Africa, the authors find that for every 10 years that life expectancy has increased in Africa, schooling attainment increased by some 0.3-0.6 years, other things equal. In countries at the vanguard of the epidemic, life expectancy has already declined by over 20 years. If the effect is symmetric, this erosion in life expectancy may be expected to reduce average schooling in young adults in a country like Botswana, Zimbabwe, or Uganda to 1-3 years from the current 2-4 years. Third, a factor productivity effect: In many countries the loss of a large share of the skilled work force may reduce the social returns to skill among educated people who survive, reducing the contribution of education to overall growth. To the extent that a critical mass of skilled workers is necessary in order for positive externalities associated with high levels of education to be realised, the epidemic will reverse the gradual accumulation of this critical mass in the hardest hit countries. And finally, a complementary effect: The loss of physical capital assets may reduce the ability of skilled workers to contribute to overall economic production, to the extent that physical and human capital are complementary inputs. As the epidemic reduces domestic savings, as well as foreign investment, it will erode the physical capital stocks in the hardest hit countries. Insofar as this in turn reduces the skill premium, it will have a negative impact on both the rate of growth and social productivity of the human capital stock.

Hanson S, Schwartlander B & Walker N (2001)

HIV/AIDS control in sub-Saharan Africa

Science 294 (5542):521

Presents criticisms on the care and prevention of HIV/AIDS in sub-Saharan Africa. Decline of efficiency in government systems; difficulties in restructuring reforms; importance of money and drugs for operational systems.

Health Economics and HIV/AIDS Research Division (HEARD) (2000)

AIDS toolkits for government ministries/departments

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Health Systems Trust (HST) (2000)

Nutrition + housing + education + water = health

Update # 53, HST, Durban

Health Systems Trust (HST) (2002)

South African Health Review: 2001

Health Systems Trust, Durban

The 2001 South African Health Review, the HST's annual report card on health care delivery in South Africa provides an independent assessment on the performance of the health sector in addressing the health needs of South Africans. As usual, it is a mixed-bag, reflecting on progress and success, but also on the many weaknesses and challenges that still remain.

Hecht R (2000)

Poverty, debt and AIDS – Mainstreaming the epidemic and mobilizing additional resources for the response

UNAIDS inter-country team for West and Central Africa

Developing and financing programmes to slow the spread of the epidemic are amongst the highest priorities of development organisations and governments. There is a need to mobilise large-scale resources rather than adopt piecemeal approaches.

Hoover A & McPherson M (2000)

Capacity building programmes facing the reality of HIV/AIDS

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Hsu L (2000)

Governance and HIV/AIDS

UNDP, South East Asia HIV & Development Project, Bangkok, Thailand

Hunter S (1999)

International policy perspective

www.togan.co.za/cindi/papers/paper_29.htm [Accessed April 2002]

UNICEF's new initiative, which came about as a result of the release of 'Children on the blink' last year and policy issues.

Institute of Development Studies (IDS) Bookshop (2000)

Poverty reduction strategies: A part for the poor?

IDS Policy Briefing # 13

Interagency Coalition on AIDS & Development (ICAD) (2000)

Political commitment, governance and AIDS: A discussion paper

ICAD, Ottawa, Canada

Jeffrey L (2000)

AIDS lessons from South Africa

AIDS Patient Care & STDs 147 (6):289

Focuses on the human devastation caused by AIDS and HIV infection in sub-Saharan Africa. Estimates on the number of people with AIDS in the region; worst affected countries; economic impact of AIDS; political instability caused by the condition; projections on the threshold for effective and affordable responses to HIV.

Johnston A (2000)

Interpreting HIV trends for policy-makers: Using an intermediate variables framework as a policy advocacy tool

13th International AIDS Conference, Durban

Why is it that HIV prevalence has increased so rapidly in some countries but remained at much lower levels and increased much more slowly in other countries? Do policy-makers and programme planners fully understand the reasons for these different trends and the implications for their programme planning? When asked why HIV has increased more rapidly in some countries or parts of a country than in others, policy-makers often speculate that the differences are due to differences in poverty, urbanisation, education, social disruption, mobility, or broad social factors such as social cohesion or the status of women. But these are only indirect determinants of HIV prevalence. This paper outlines an intermediate variables framework that links the broad social, cultural and economic determinants to HIV trends through an intermediate set of biological and behavioural 'direct' determinants, or intermediate variables, which include sexual networking patterns, prevalence and type of other STDs, condom use, specific sex practices, and prevalence of male circumcision.

Using a comparison of the HIV prevalence trends in Ghana and South Africa as an example, a methodology is presented for using this framework to increase the understanding of policy-makers and other community and programme leaders about the direct determinants of HIV spread that are most amenable to programme interventions.

Kelly MJ (2000)

Adapting the education sector to the advent of HIV/AIDS

13th International AIDS Conference, Durban

Kerkhoven R & Jackson H (2000)

AIDS briefs for sectoral planners and managers: NGO sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Developing, designing and delivering community focused interventions around HIV/AIDS by NGOs means engaging with the many complexities of the settings in which people live. NGOs must be aware of their chosen role as change agents and the responsibility and power this gives them. Raising the issue of HIV/AIDS means this will have to involve a discussion around gender roles and responsibilities, sex and sexuality, culture, spirituality and basic needs. Education and development are about empowerment, self-esteem and being able to apply the knowledge gained. Too often the assumption is made that the mere provision of information and education will lead to effective behaviour change. By adopting a learning approach through which services and clients are linked in sequential loops of two-way communication and interaction, the NGOs will be able to gain entry, deliver services, and build confidence for themselves and the community.

Kinghorn A & Steinberg M (1998)

HIV/AIDS in South Africa: The impacts and priorities

Department of Health, Pretoria

Klouta A (1995)

Responding to AIDS: Are there any appropriate development policies?

Journal of International Development 7:467-487

Knight S (1996)

National review of community health worker programmes

Independent Development Trust, Pretoria

Knowles JC, Leighton C & Stinson W (1997)

Measuring result of Health Sector Reform for system performance: A handbook of indicators

Special Initiatives Report # 1, Abt and Associates, Cambridge, Maryland

This handbook presents indicators for five key dimension of health system performance: access, equity, quality, efficiency, and sustainability.

Kremer M (1996)

AIDS: The economic rationale for public intervention

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

Even if it is assumed that the risk of contracting HIV is assumed voluntarily, there is a case for government intervention. Emphasis on social benefit of treatment as prevention. Call for subsidisation of treatment, to reflect the benefits to society of preventing infection of additional persons.

Lamprey P, Zeitz P & Larivee C (2001)

Strategies for an expanded and comprehensive response (ECR) to a national HIV/AIDS epidemic

FHI, Washington DC

Loewenson R (1999)

Can research fill the equity gap in Southern Africa?

Training and Research Support Centre (TARSC), Zimbabwe

In March 1997, a range of people involved with the health sector gathered in Kasane, Botswana to discuss equity in health in Southern Africa. From politician to civic group member, from academic to health service provider, there was agreement across the group that equity in health was a desirable goal. In a region of deep

structural inequality in wealth and opportunity, it was agreed that national health care resources should generally flow in a manner that would prioritise those with greatest health needs and with least ability to pay. While participants did not believe that everyone should have equal health status, it was perceived that differences in health status that are unnecessary, avoidable and unfair should be a target of policy attention and of public sector intervention.

Loewenson R (1998)

Equity in health in Southern Africa: Overview and issues from an annotated bibliography
Equinet Policy series # 2, Regional Network for Equity in Health in Southern Africa

Loewenson R (2000)

Public participation in health: Making people matter

Training and Research Support Centre (TARSC), Zimbabwe, and Institute of Development Studies (IDS), London
Participation of communities is widely argued to be an important factor in improving health outcomes and the performance of health systems. Despite this, and the common inclusion of 'participation' as both means or end in health policy, participation is poorly conceptualised and operationalised. This paper argues for wider inclusion of social groups from civil society, elected leadership and health systems in structures that set and audit health policies and priorities. It is argued that the social investments in building participation and public accountability are an essential area of health investment.

Lund F (2000)

Perspectives on social service policy and delivery in SA

Centre for Social Development Studies, University of Natal, Durban

Maceira D (1998)

Provider payment mechanisms in health care: Incentives, outcomes and organisational impact in developing countries

Major Applied Research 2, Working Paper 2. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

This paper assists with development of a research design for a study exploring the impact of alternative methods of provider payment mechanisms in developing countries. The paper sees provider payment as a form of contract between purchaser and provider and draws upon the economic literature on agency contracts to consider the problem of how best to develop appropriate payment mechanisms. In addition, the paper suggests the need to study the effects of payment mechanisms on the organisation of the health care system, not only in terms of market structure, but also in the way providers are organised internally. It is argued that changes in payment mechanisms provoke realignments in the mode of service delivery through risk shifting, specialisation, competition, integration, etc., which in turn affect health care outputs. At the same time, different basic conditions in the health care sector may affect the impact of new incentive mechanisms. The main payment methods and the incentives inherent in them are discussed. The paper concludes with a list of issues that should be taken into account in the research design on provider payment systems.

Macfarlane S, Racelis M, Muli-Musiime F (2000)

Public health in developing countries

The Lancet, 356:841

Poverty not only excludes people from the benefits of health-care systems but also restricts them from participating in decisions that affect their health. The resulting health inequalities are well documented, and the search for greater equity attracts many concerned players and initiatives. Fundamental to the success of these efforts, however, is the need for people to be able to negotiate their own inclusion into health systems and demand adequate health care. This calls for a restatement of the centrality of people in public health and its practice. New forms of communication and cooperation are required at all levels of society, nationally, and internationally, to ensure equitable exchange of views and knowledge to formulate appropriate action to redress inequalities and improve people's health and wellbeing.

MacGregor K (2001)

AIDS sets loan plan on shaky ground

Times Higher Education Supplement, 1473:10

Reports the plight of student finance administrators amidst the impact of the AIDS epidemic on loan schemes in South Africa. Statistics of infected students; Probable result of failure in repaying loans by infected students; Remodelling of finances to adapt to conditions.

Makan B & Bachmann M (1997)

An economic analysis of community health worker programmes in the Western Cape Province

Health Systems Trust, Durban

This study describes five community health worker (CHW) programmes and one CHW training centre operating in the Western Cape. CHWs provide essential primary health care services, particularly in marginalised communities. A key finding was that the curative and preventive roles of CHWs are integrally linked, with curative visits forming a platform for health education. There is a clear need for policy related to CHW programmes, as well as further exploration of CHW models.

Makinen M, Waters H & Rauch M (1999)

Conventional wisdom and empirical data on inequalities in morbidity, use of services and health expenditures

Abt and Associates, Cambridge, Maryland

The paper summarizes conclusions from eight country-specific studies of inequalities in the allocation of resources in the health sector. The case studies include South Africa and Zambia. The study concludes that conventional wisdom regarding resource allocation and health status may be misleading. For example, 'there is no consistent pattern that richer households are more likely to use private providers'. They conclude that using conventional wisdom concerning inequalities in the health sector could result in misguided policy decisions.

Malaney P (2000)

The impact of HIV/AIDS on the education sector in Southern Africa

CAER II, Discussion Paper # 81, Harvard Institute for International Development, Cambridge, MA, USA

Mann J & Tarantola DJM (1996)

AIDS in the world II: global dimensions, social roots, and responses

The Global Policy Coalition, Oxford University Press, New York

Marais Hein (2000)

To the edge: AIDS Review 2000

Centre for the Study of AIDS, University of Pretoria

Attempts to answer complex question of why, despite the comprehensive National AIDS Plan adopted in 1994, the HIV/AIDS epidemic is growing so rapidly in South Africa. Overview of the governance issues—financial and bureaucratic commitment—as well as the politics of AIDS intervention policy decisions. Also address need for behavioural change.

Martins JH (1996)

Global population growth and structural changes in the RSA population, 1951-2011

Bureau for Market Research, SA

The South African population is expected to grow at a rate of 1,7% per annum from 42.1 million in 1996 to 54.1 million in the year 2011. If AIDS deaths continue at the current rate, the population may be three quarters of a million less than the projected 54.1 million. Three concerns about rapid population growth in developing countries are: that rapid population growth reduces the rate of economic growth by reducing investments in human capital; rapid population growth itself has negative externalities for the environment, leading in some scenarios to degradation of natural resources at the local and national level; and rapid population growth has negative 'pecuniary' externalities, that is, it reduces the income of some groups (particularly the poor) in comparison with other groups, and therefore exacerbates the problems of poverty and income inequality in developing countries. The effect of the world's population growth on poverty and the environment, as discussed in the report, should be a lesson to South Africa.

Matamoros A & Moreira-Arturo M (2000)

The recycling of waste products in Costa Rican hospitals by people living with HIV/AIDS

13th International AIDS Conference, Durban

Costa Rican laws call for the recycling of waste in all public institutions. Costa Rican hospitals have not implemented these laws due to a lack of know how and training. With anti-retroviral medicines people with AIDS experience favourable recovery and improved health and are able to return to work. Due to unemployment, some of these people have chosen to participate in recycling projects in Costa Rican hospitals which sort recyclable paper, cardboard and x-ray film, and other materials, as a means of employment and social support. A recently recovered AIDS patient initiated the idea of recycling material in Costa Rican hospitals. The concept of people with AIDS recycling materials in hospitals was later presented to the CalderŪn Guardia Hospital in San JosŪ and then the MonseŪor Sanabria Hospital in Puntarenas (Pacific coast). Each hospital formed work therapy groups to exchange ideas, information and support to better manage their

health. One of the work therapy groups mission's is to educate members and provide support in the taking of the medications according to their prescription. Other vital benefits of the programme include the employment received by the participants, on-the-job rehabilitation, health education and social support, and the positive contribution to the Costa Rican environment. The revenues received from the recycling projects support people living with AIDS, and other hospital patients suffering from infections, and are used for social, educational and cultural activities.

Mbewu A et al (2000)

AIDS management options for South Africa

South African Medical Journal, 90 (5)

McKay P (1998)

Perspectives on Social Service Policy and delivery in South Africa

Southern African conference on Raising the Orphan Generation, Pietermaritzburg

We have serious problems in social security and I think we know that. Long delays in payments, people who applied years ago, still not getting their pensions, and a great deal of fraud and corruption. More and more people are having to look after AIDS orphans. It is a reality. We analyse the case-load of Pinetown Child Welfare. We see an increasing number of orphans and we see the parents, mainly the mothers, because a lot of the families we deal with are single parent families, but the mothers born from 1970 onwards are dying. We are looking at this point to the extended family to absorb these children. As we heard, extended family is getting absolutely saturated.

McKerrow N (2001)

State and community interventions in the treatment of HIV/AIDS and related illnesses in South Africa

HEARD, University of Natal, Durban

McMichael AJ & Beaglehole (2000)

The changing global context of public health

The Lancet 356:495-99

Future health prospects depend increasingly on globalisation processes and on the impact of global environmental change. Economic globalisation — entailing deregulated trade and investment — is a mixed blessing for health. Economic growth and the dissemination of technologies have widely enhanced life expectancy. However, aspects of globalisation are jeopardising health by eroding social and environmental conditions, exacerbating the rich-poor gap, and disseminating consumerism. Global environmental changes reflect the growth of populations and the intensity of economic activity. These changes include altered composition of the atmosphere, land degradation, depletion of terrestrial aquifers and ocean fisheries, and loss of biodiversity. This weakening of life-supporting systems poses health risks. Contemporary public health must therefore encompass the interrelated tasks of reducing social and health inequalities and achieving health-sustaining environments.

Medical Research Council (1999)

Annual report: Health impact and transformation report, South Africa

Medical Research Council, Durban

Michael K (1996)

The impact of HIV/AIDS in KwaZulu-Natal: lessons for equitable and efficient health reform policy

Unpublished report, Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Michael K (2000)

Can the health sector respond?

AIDS Analysis Africa, 11 (3)

Mills A & Watts C (1996)

Cost-effectiveness of HIV prevention and the role of government

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

Mills A et al (1993)

The costs of HIV/AIDS prevention strategies in developing countries

WHO, Global Programme on AIDS, Geneva

Moorhead K & Trudeau D (2000)

AIDS Briefs for sectoral planners and managers: Social sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The social sector is intended primarily to provide for those unable to provide for themselves. As economic inequality increases, people's economic opportunities decline, thereby greatly increasing the demands on the social sector. The HIV/AIDS epidemic is reducing investment and slowing economic growth, unemployment is exacerbated and there is a consequent increase in dependence on the social sector. The epidemic disproportionately affects the poor, not only forcing more people into poverty, but also making families already dependent on the social sector even poorer. Women and the elderly are especially hard hit, as they take on a disproportionate burden of care and may be subject to discrimination. The number of children affected by HIV/AIDS has reached alarming levels. Children who grow up deprived of adequate education or health care may increasingly depend on the State for support. The social sector must evaluate its capacity, define its limits and maintain and strengthen its existing programmes to ensure adequate family support mechanisms. The sector must also encourage the formation of partnerships to ensure an effective developmental social welfare response.

Mtonje S (1998)

Government policies and practices on AIDS orphans in Zambia

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg

In Zambia the HIV prevalence is at 19.9% in the sexually active people, with 15 % of this in rural areas and 30 % of these representing the urban areas. So we see more HIV in urban areas, it is also more common in people that are educated, who are mobile and interacting with many other people as opposed to the people who are more culturally oriented and still sticking to their cultural norms and values which I think is keeping the circles of HIV a bit away from them. The orphan situation is actually very big, as of now we have 700 000 children in need.

Mumford E, Dayaratna V, Winfrey W, Sine J & McGreevey W (1998)

Reproductive health costs literature review

ICPD

The 1994 ICPD expanded the population agenda far beyond family planning. Reproductive health, and the preventive and curative services that could assure it in developing countries, became a key objective accepted by the more than 180 signatory governments. Left unclear were the cost of this expansion and the source of funds to finance it. To fill that cost-estimation gap, the authors reviewed 160 publications issued between 1970 and June 1997, most of them about the time of the Cairo conference. The studies highlighted in this paper offer some quantitative data on the costs of reproductive health services identified as part of the Cairo agenda. In this review, cost data are reported for eight categories of reproductive health interventions: family planning, safe motherhood programs, maternal/infant nutrition and immunizations, obstetric care, abortion/postabortion care, STI/HIV/AIDS, reproductive health services for a working class, urban South African population. Low cost antiretroviral regimens were almost as effective as high cost ones and more cost effective when formula feeding interventions were added. With or without formula feeding, low cost antiretroviral interventions were likely to save lives and money. Interventions that allowed breast feeding early on, to be replaced by formula feeding at 4 or 7 months, seemed likely to save fewer lives and offered poorer value for money. It is concluded that antiretroviral interventions are probably cost effective across a wide range of settings, with or without formula feeding interventions. The appropriateness of formula feeding was highly cost effective only in settings with high seroprevalence and reasonable levels of child survival and dangerous where infant mortality was high or the protective effect of breastfeeding substantial. Pilot projects are now needed to ensure the feasibility of implementation.

Munishi G (2001)

Constraints to scaling up health interventions: Country case study – Tanzania

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5: 17

Murni S, Syah S, Aprilawati L & Marguari D (2000)

Positive fund – a non-government financial assistance project for people with HIV/AIDS (PWHA)

13th International AIDS Conference, Durban

Negative impacts of HIV infection on a person's life include financial problems, especially for those from poor economic backgrounds: medical treatments and hospitalisation is costly; care at home also needs money, eg.

for nutritious food and maintaining hygiene; PWAs lose their livelihood because of discrimination, and this makes it difficult to maintain a healthy living. There is limited budget for care and support activities nationally. A community response is needed to assist PWHAs financially, especially in emergency cases. Spiritia (an NGO) started a trust fund from money raised from individual contributions. PWAs without other source of income can apply for this fund to pay for basic treatments and care, start a small business, or start local peer support activities. A guideline was drawn to direct fund usage, criteria of applicants, responsibility of Spiritia and applicants, monitoring and evaluation. This type of project is new and often mistaken for charity. Our partners (both hospitals and NGOs) and fund recipients are not accustomed to being accountable for fund given. Frequent contact for monitoring and assistance is necessary. In the case of starting up a small business, partnership with local NGOs is important since local NGOs also have a longer-term role in the project especially with business' sustainability. A method that enables both transparency of fund management and respect to confidentiality of PWAs to fit together is required.

Murungu D (1998)

Government policies and practices on AIDS orphans in Zimbabwe

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg

By way of introduction, I would just give you an overview of what my government is doing in terms of the AIDS problem. We have put into place a number of responses to deal with HIV and AIDS and this include the NECP in the Ministry of Health's National AIDS Co-ordinating programme. We are also busy promoting home-based care of patients, which is going on at both governmental and NGO level. However, here we will only address the issue of government responses to the orphan generation.

Mutswa-Mangiza D (1998)

The impact of health sector reform on public sector health worker motivation in Zimbabwe

Major Applied Research 5, Working Paper 4. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

During the past decade the economic situation in Zimbabwe has deteriorated significantly. Public sector health care workers have gone from being high status and relatively well paid members of the community to workers struggling to get a living wage from their jobs. This paper describes the specific policy measures that the Zimbabwean government has recently implemented to try to improve health sector performance, and promote higher levels of motivation amongst public sector health care workers. The overall reform package is to include financial reforms (user fees and social insurance), strengthening of health management, liberalisation and regulation of the private health sector, decentralisation, and contracting out. Unfortunately, the process of reform implementation in Zimbabwe and the government's poor communication with workers, combined with a conflict between local cultures and the measures being implemented, has undermined the potentially positive effect of reforms on health worker motivation. Workers perceived reforms as threatening their job security, salaries, and training/career advancement opportunities, and feared ethnic and political influence on new employment practices under a decentralised system. Worker demotivation has been expressed in terms of strikes, unethical behaviour, neglecting public sector responsibilities to work in private practice, and high turnover.

Nandakumar AK, Schneider P & Butera D (2000)

Use of expenditures on outpatient health care by a group of HIV positive individuals in Rwanda

Abt and Associates, Cambridge, Maryland

Nearly 11% of the Rwandan population is estimated to have HIV/AIDS making this one of the most important health issues facing the country. To date, estimates of expenditures on HIV/AIDS in Rwanda have suffered from many shortfalls including the absence of a consistent methodology, reliance on secondary data analysis, and a lack of information on private out-of-pocket expenditures. Under the USAID funded global Partnerships for Health Reform Project, for the first time, the National Health Accounts framework and methodology is being used to estimate expenditures on HIV/AIDS in Rwanda. This methodology will address some of the shortfalls in earlier studies. This paper presents key findings from a survey of 350 HIV positive individuals who were either enrolled in a HIV/AIDS support group or sought care at four selected health facilities. The study examines their socio-demographic status, their use of and expenditures on health services, and how these expenditures were financed. On average individuals in the sample had been HIV positive for 4.52 years. For both males and females the most important reason for getting tested was that the individual was either sick or had symptoms that made them think they might be HIV positive. Following this it was either their partner or another individual in the household having HIV. A key finding from this study was that HIV seriously impairs the ability of households to meet basic needs. For the entire sample the annual per capita rate of health service utilisation translated to 10.92 outpatient visits. This compares with a per capita use rate of 0.29 outpatient visits for the general population in 1998. However, significant differences emerged in use rates according to gender, marital status, income, and place of residence. Similar differences also emerged in terms of the level of expenditures on health services. A key finding of this study is that less than 30% of households were able to meet the costs of health services exclusively from their own resources. Most households resorted to multiple ways to pay for health care including receiving assistance, borrowing, and selling assets: 66% of households received some kind of assistance, 18% had to borrow money to pay for care, and 5% had to sell assets. The study findings highlight the need for more systematic research to better understand the impact of HIV/AIDS on households. At a

minimum, the findings highlight gender, income, and place of residence inequities in the use and expenditures on health services as well as the ability to mobilise non-household resources to pay for care. Clearly, policy interventions are required to address these inequities. Rwanda is one of the few countries that has developed and implemented a clearly articulated policy for dealing with the AIDS epidemic. However, given the current state of the economy, level of health expenditures, and reliance on donors for funding health costs it is difficult to see the government being able to mobilise significant new resources to pay for expenditures on treatment for this population. Alternatively, the government should strengthen and expand its efforts to prevent the spread of this disease, and finance access to basic care for low-income groups.

Ngwena C (2000)

Alleviating poverty and securing substantive equality in health through the constitution: Tentative lessons from South Africa

Poverty and inequality: The challenges for public health in South Africa conference, Epidemiological Society of Southern Africa (ESSA), East London

The South African Constitution offers a useful model for the recognition of socioeconomic rights in Southern Africa. However, it is still premature to measure its efficacy.

Ntozi JPM & Ahimbisibwe FE (1999)

Some factors in the decline of AIDS in Uganda

In: Caldwell JC, Orubuloye IO & Ntozi JPM (eds) *The continuing African HIV/AIDS epidemic*. Health Transition Centre, National Centre for Epidemiology and Population Health, Australian National University, Canberra

O'Farrell N (2000)

The Commonwealth and HIV: The need for a country-specific approach

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Oliva Moreno J (2000)

Indirect cost assessment in health evaluation

Med Clin (Barc), 114 Suppl 3:15-21

Whether the indirect costs caused by a specific disease should be included in economic analysis of health issues is a continuous matter of study which is far from solved. Throughout the course of this paper, we will try to point out the reasons of recommending their inclusion in economic health analysis and the main techniques for their calculation. Two practical examples about the economic impact caused in our society by some diseases will be analyzed. HIV/AIDS case has been chosen for its social relevance. Migraine was chosen for being a disease which in term of direct costs represents a small burden of illness for the health sector. But, if we have into account the indirect costs, the impact of the whole problems related to the migraine should be reconsidered.

Over M (1999)

The public interest in a private disease: An economic perspective on the government role in STD and HIV control

In: Sexually Transmitted Diseases

Sexually transmitted diseases are painful and sometimes deadly. Should the prevention and control of sexually transmitted diseases be one of the short list of activities that are part of the irreducible core of government responsibility? For reasons not unlike the 'tragedy of the commons' that exacerbates pollution problems, individually optimal decisions about risky sexual contacts lead to a higher prevalence of STDs than the individuals would choose. The implication is that some government intervention to prevent and control STDs is socially desirable.

Panday VV (2001)

A comparison of Kwa-Zulu Natal private versus public hospital provision of care for HIV/AIDS related illness

HEARD, University of Natal, Durban

Philipson T & Posner RA (1993)

Private choices and public health: The AIDS epidemic in an economic perspective

Cambridge, Mass: Harvard University Press

Ramasundaram S, Allaudin K, Charles B, Gopal K, Krishnamurthy P, Poornalingan R & Warren D (2001)

HIV/AIDS control in India - lessons learned from Tamil Nadu

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5: 25

India's HIV/AIDS epidemic is now over a decade and half old. Current estimates indicate that there are about 3.5 million Indians living with the virus. Though this translates to an adult prevalence of less than 1%, the epidemic is growing rapidly in most parts of India. Tamil Nadu (TN), a large state in the southern part of India with a population of about 62 million, was one of the states where HIV infections and AIDS cases were first detected in India in 1986. Once considered one of the 'hot spot' states for the epidemic, along with Maharashtra and Manipur, TN has been implementing vigorous HIV/AIDS control programmes since the mid-1990s. There is increasing evidence to show that substantial behaviour change has occurred in TN among the high-risk behaviour/core-transmitter groups, which is a pre-requisite for a slowing down of the epidemic. Data from the latest round of sentinel surveillance in ante-natal clinics seem to indicate that the epidemic may in fact be slowing down. However, these data must be viewed with caution and it is too early to say with any certainty that the epidemic in TN is levelling off. The paper describes what worked in TN that brought about this behaviour change. The major factors listed are political commitment, awareness campaigns, identification of the core transmitter groups, targeted interventions among them and care and support activities. All these programmes are being implemented by two major organisations in TN: the (TNSACS) and the USAID funded AIDS Prevention and Control Project (APAC). The paper describes in detail the strengths of TNSACS and APAC and the synergy between them that led to the rapid behaviour change in TN. Lessons for other Indian states are also listed. The TNSACS model has now been replicated in the rest of India since 1999. The paper cautions that there is no reason for complacency in TN and recommends that current programmes should continue to be implemented, with a flexible approach to address emerging evidence.

Reyna FJ (2000)

Mobilising the private sector to support NGOs actions

13th International AIDS Conference, Durban

Given the total lack of government funds to support NGO's initiatives in Venezuela, it is necessary to develop strategies to have access to private funds. This task has required intense awareness initiatives, given also the lack of a broad information and prevention government promoted campaign. The HIV/AIDS epidemic is still not considered one of those pressing and urgent issues that society as a whole, including the private business sector, has to deal with. Description: A series of step-by-step initiatives was developed in order to reach the private business sector and to motivate some of its leaders in supporting the HIV/AIDS cause. First, the authors started with programmes that were helpful to people living with HIV/AIDS, but easy to finance. At the same time, they also had to implement some initiatives that would have a broader scope, such as information and prevention efforts for the community. Once they had acquired in depth experience and specific data on the problems posed by the HIV/AIDS epidemic, they were ready to present those business leaders, on the one hand, with practical and measurable results of their work, and, on the other hand, with proposals that would help broaden even more the scope of such work. Conclusions: Working with the private business sector, breaking through its resistance to face up to the HIV/AIDS epidemic, requires persistent and continuous work, both in terms of information and awareness and of getting its financial backing to carry out HIV/AIDS community initiatives. Even though Venezuela has been undergoing a deep political and economic crisis, four years after the establishment of the programmes, the authors have carried out many initiatives funded exclusively by individuals and the private business sector: access to treatment, multimedia awareness campaign, national AIDS hotline and, opening in February 2000, Venezuela's first HIV/AIDS Care and Prevention Center. Lessons Learned: Committed HIV/AIDS activists must permanently find creative ways to make their work possible, and financial resources are one of the most pressing issues they have to deal with permanently. However, building on the initiatives we carry out and showing results that are truly beneficial to the community, it is possible to mobilise the private business sector to back HIV/AIDS programmes.

Sagoe-Moses C, Pearson RD, Perry J & Jagger J (2001)

Risks to healthcare workers in developing countries

New England Journal of Medicine, 345(7):538

Presents a study of the risks to health care workers in developing countries. Risks to health care workers, including the occupational transmission of hepatitis B virus, hepatitis C virus and HIV; costs of protecting workers; conclusion that international agencies and national budgets should provide resources to ensure the safety of medical personnel.

Schierhout G & Fonn S (1999)

The integration of primary health care services: A systematic literature review

Health Systems Trust, Durban

This review aims to appraise the evidence for the effectiveness of integrated programmes from the point of view of the users. A second aim is to identify key generic operational barriers and facilitating factors for integrated services.

Schietinger H & Sanei L (2000)

Systems for delivering HIV/AIDS care and support

The Synergy Project, Discussion Paper # 8, HIV/AIDS Division of USAID, Washington DC

Need for decentralisation of health services, while providing for integration and co-ordination, so as to avoid over-utilisation of centralised tertiary care and under-utilisation of local health services.

Schivte M (1998)

Poverty and the role of men and women in the spread of HIV and AIDS in the African subcontinent – situation analysis

12th International Conference on AIDS, Geneva

Poverty influences in a negative manner life expectancy at birth in developing countries around the world but more so in Africa, especially in sub-Saharan Africa where the situation of HIV and AIDS has become very critical. Morbidity and mortality among young age groups, and also among the children under the age of five, are significantly increased in poverty stricken circumstances. HIV/AIDS seems to move from older men to younger women in developing African countries, confirming the 'Sugar Daddy' phenomenon. Rape, forced sex, polygamy are some of the ways in which the infection is also spread. Women on the other hand are often innocent victims. In developing situations female condoms are unavailable and where they are, it becomes impossible, economically or culturally to acquire this empowerment. Children born with HIV are on the increase as young mothers are infected. Clearly, observations in poor communities show that poverty, status of men and women in society, play a determinant and major role in the spread of HIV/AIDS. Alleviation of poverty is not only the way towards sustainable development, but can have a significantly positive impact on the spread of HIV/AIDS. Change of attitudes, improvement in socioeconomic and legal situation of women and population in general, has a positive impact on HIV/AIDS.

Schneider H (2000)

The Centre for Health Policy in 1998 and 1999: Building the discipline of health policy analysis

Centre for Health Policy, University of Witwatersrand, Johannesburg

Schwellnus MP (2000)

AIDS Briefs for sectoral planners and managers: Sports sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

At the individual level, regular participation in physical activity is advocated as an important preventative health measure. However, the global pandemic of HIV infection is likely to influence physically active individuals. The association between HIV infection and physical activity therefore requires attention, namely the risk of HIV transmission during sport and physical activity, the effects of HIV infection on exercise performance, and the effects of regular physical activity on the outcome of HIV infection. At the macro-level, the potential of the sector to contribute to a multisectoral response to the epidemic lies in its ability to access and influence large sections of the population, particularly the youth.

Shaffer P (1999)

Studies in social deprivation in Myanmar

United Nations Department for Economic and Social Affairs (UNDESA)

Shao P (2000)

The impact of HIV/AIDS on the low-cost housing in Gauteng Province

Joint Population Conference: The Demographic Impact of HIV/AIDS in South Africa and its Provinces, Port Elizabeth

After undertaking a study in KwaZulu-Natal to learn how its sister department is coping with the epidemic, the Gauteng Department of Housing commissioned research that would later translate into policy on approaches to be used by the department in catering for people infected and directly affected by the epidemic. The object of research is to focus on geographic spread of the epidemic that is ascertaining local authorities with high prevalence, settlement forms which are highly affected, eg. formal settlement, informal settlement, inner city, rural and urban settlements. Efforts to identify the migration patterns of the victims and their income levels will be made. Lessons from the research will help in the planning and budgeting process.

Smart R (2000)

AIDS Briefs for sectoral planners and managers: Civil service

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Government has a leading role to play in defining a country's response to HIV/AIDS. Its strategies should be developed in the context of sustainable human development and its policies and planning should, at all times,

take account of HIV/AIDS. Individual departments should understand the profile of the epidemic within their specific areas of influence and utilise all opportunities to contribute to HIV/AIDS prevention and mitigation efforts'– within the overall vision for the country's response.

Smart R (1999)

Local government transformation and the challenge of HIV/AIDS

AIDS Analysis Africa, 10 (1):14-5

This paper provides summaries of objectives of local government in the Constitution, and of the 'White Paper on Local Government'. The stated aims are to maximise social development and economic growth by alleviating poverty and enhancing job creation, to integrate and co-ordinate public and private sectors and development planning; to democratise development and redistribution, to work in partnerships with business, trade unions and community-based organisations, and to promote human rights and constitutional principles.

Smart R & Whiteside A (2000)

Local government responds to HIV/AIDS

13th International AIDS Conference, Durban

A global trend toward decentralisation is defining new roles for local government. In South Africa, local government has constitutional and legal obligations to promote social and economic development and provide services to communities in a democratic and accountable manner. HIV/AIDS is making this less and less achievable. However, the core functions of local government in fact offer unique opportunities for appropriate, sustainable, multisectoral, community-based responses to the HIV/AIDS epidemic. But what tools and capacity are required for this to happen? A toolkit for local government was developed and field-tested in the province of KwaZulu-Natal following a process of consultation and interviews with key stakeholders. The toolkit is a set of instruments designed for specific purposes and includes: a model HIV/AIDS strategy for a city; a model workplace HIV/AIDS policy; guidelines for networking; guidelines for multi-sectoral planning; a model advocacy presentation. The toolkit and training have been shown to be valuable resources, meeting a real need, currently within South Africa, but potentially for local government in neighbouring countries as well.

Smith JM, Solanki G & Kimmie Z (1999)

The second Kaiser Family Foundation survey of health care in South Africa

The Community Agency for Social Enquiry (Case), Johannesburg for the Henry Kaiser family Foundation

This summarizes the findings from the Second Kaiser Family Foundation National Household Survey on Health Care. Overall, the survey documents real initial progress in improving health care for historically underserved populations in South Africa. For example, approximately one-third of Africans report that public health services are better than they were four years ago. Solid majorities of South Africans also expressed strong support for the government's major health policies. On the other hand, many South Africans have not seen positive changes in health care, and virtually everyone regards the HIV epidemic in South Africa as a very serious national challenge. Perhaps surprisingly, South Africans perceive the health of children and adults to be somewhat poorer than five years ago. Whether this reflects a true decline in health status or growing expectations about health and quality of life is difficult to determine.

Stillwaggon E (2001)

AIDS and poverty in Africa

Nation, 272(20):22

Analyses the link between poverty and the prevalence of AIDS in Africa. Issue on access to AIDS treatments; influence of sexual behaviour on the disease; impact of health conditions on AIDS susceptibility

Stover J & Johnston A (1999)

The art of policy formulation: experiences from Africa in developing national HIV/AIDS policies

The Futures Group International, POLICY Project (Occasional Papers # 3), Washington, DC

AIDS has presented a major challenge to African societies during the last two decades. Governments throughout the region have struggled to develop effective policies and programmes to address the epidemic. This report presents case studies of the policy process in nine Anglophone African countries. Each country has employed a unique approach to policy development; the results are equally diverse. This report describes some of the country experiences and highlights areas of similarity and difference as well as major problems addressed by Anglophone African countries. The information has been distilled into a framework that captures key elements of the policy-making process.

Stuer F & Telyukov A (2000)

Management Accounting for HIV/AIDS Program Planning and Implementation

IAEN symposium, Durban

This paper presents interim findings from a study of HIV/AIDS program costing in Cambodia. The study differs from many of the previously published works involving assessment of internationally funded HIV/AIDS interventions.

Swartz, L (2000)

Report on South African HIV/AIDS Models and Strategic Interventions

National Population Unit, Department of Social Development, Pretoria

The primary aim of the project was to survey NGOs and organisations active in the field of HIV/AIDS prevention and care programmes with regard to best practices. A questionnaire on best practice models was distributed to 115 organisations. Replies were received from 36 organisations covering 41 projects. Results from the study indicated that the majority of projects focused on prevention projects and on HIV/AIDS infected and uninfected. Most of these projects were based in the urban areas of Gauteng, the Western Cape and KwaZulu-Natal, which showed that rural areas were being discriminated against as regards rendering of HIV/AIDS services. The study further indicated that the government is the major source of funding and it is recommended that local business should play a role in the funding of projects. Lastly, recommendations are made for the development of programmes for the development of programmes for the military and for immigrants and refugees.

Task Force on Health research for Development Secretariat (1991)

A strategy for action in health and human development

UNDP, Geneva

This manual was commissioned by the Task Force on Health Research for Development, in order to strengthen international partnerships, increase financial support, and establish an international forum. This was done with a view to providing and updating scientific knowledge required for decisions about health actions and priorities, to ensuring best use of available resources, and to promoting research tackling unsolved problems.

Taylor G (1999)

Medical aid schemes respond to AIDS

AIDS Analysis Africa, 10 (1):4.

Taylor M, Naidoo K, Jinabhai CC & Bailey M (2000)

Promoting community health in a rural area of KwaZulu-Natal: Linking community health workers, NGO, Department of Health, University of Natal

Poverty and Inequality: The Challenges for Public Health in South Africa Conference, Epidemiological Society of Southern Africa (ESSA), East London

Inadequate health and social services in rural communities, coupled with high illiteracy, limited information and skills require innovative, low cost interventions. It is concluded that volunteer Community Health Workers can assist in under-resourced communities, whilst training improves their knowledge and skills, and those of other community members.

Taylor V (1998)

HIV/AIDS and human development, South Africa

In: United Nations Development Report, Human development report, United Nations Development Programme (UNDP), Geneva

Taylor V, Du toit CA, Viljoen L, Bester A & Du toit AM (2000)

National report on social development 1995-2000

Department of Social Development, Pretoria

The Economist (2000)

A turning-point for AIDS?

Science and Technology section, The Economist 15 July:91-93

Topouzis D (1998)

The implications of HIV/AIDS for rural development policy and programming: focus on sub-Saharan Africa

UNDP and FAO, Rome

This paper draws out the implications of the HIV epidemic for rural development policies and programmes in sub-Saharan Africa. The paper presents four case studies from Southern and Eastern Africa to help formal and

informal rural institutions to generate policy and programme responses to HIV/AIDS in the areas of land tenure, agricultural research, training and extension, appropriate technology, credit, etc.

Trotter G (1993)

Some reflections on a human capital approach to the analysis of the impact of AIDS on the South African economy

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Truyens P (1990)

AIDS and the South African life assurance industry

AIDS Scan, 2 (2):11-12

UNAIDS (2001)

Promoting excellence in training

Regional AIDS Training Network (RATN) Best Practice Collection, UNAIDS, Geneva

UNAIDS (1998)

AIDS and the military

UNAIDS, Geneva

This paper spells out risk factors including the risk-taking ethos and other attitudinal factors, such as separation from accustomed community. Identifies especially vulnerable groups within the military. Impact: Effects on military preparedness; impacts on infected individuals and families; and risk of transmission to civilian populations. Military service is seen as an opportunity for HIV prevention. Approaches addressing risk behaviour are listed including: improved or expanded prevention education; condom education and distribution; expanded STD treatment; provision of counselling and voluntary testing services. Approaches addressing the underlying vulnerability factors are listed including: changes to posting practices with the emphasis on maintaining family life; changes to military culture to allow for informed risk taking; changes to military attitudes towards civilian populations. Other sections deal with the creation of partnerships with the civilian sector in HIV/AIDS prevention and the acceptance and care of HIV-positive military staff. Concludes with a discussion of the pros and cons of mandatory versus voluntary testing. UNAIDS supports voluntary testing coupled with counselling.

UNAIDS (2000)

Global HIV/AIDS strategy framework

UNAIDS, Geneva

This report formulates targeted intervention strategies focusing on particular susceptible and vulnerable groups. Starting with lessons learned, it proceeds to outline strategies with desired outcomes with respect to reducing risk of HIV infection. Vulnerability reduction strategies are integrated into policy interventions of impact mitigation at individual, household, community and national levels. The paper identifies programmes addressing individual, institutional, and community behaviours that contribute to HIV infection; social and economic factors contributing to individual and community vulnerability to infection; and capacities of individuals, families, communities and of health and social sectors to address the impact of HIV/AIDS.

UNAIDS (2000)

Governance and HIV/AIDS

UNAIDS, Geneva

Development is inversely linked to HIV prevalence. Good governance is linked to stable HIV prevalence. It is suggested that development plus good governance equals low and stable HIV prevalence.

UNAIDS (1999)

Guide to the strategic planning process for a national response to HIV/AIDS

UNAIDS, Geneva

UNAIDS (2000)

National AIDS programmes: A guideline for monitoring and evaluation

UNAIDS, Geneva

A comprehensive guide to monitoring and evaluation of national aids programmes, with suggested indicators in the following areas: policy and political commitment, condom availability and quality, stigma and

discrimination, knowledge about transmission of HIV, voluntary counselling and testing services, mother to child transmission, sexual negotiation and attitudes, sexual behaviour, sexual behaviour among young people, injecting drug use, blood safety, STI care and prevention, care and support for the HIV-infected and their families, Impact: HIV, STIs, mortality and orphanhood. In each area the report describes relevant indicators, measurement tools and strengths and limitations of the indicator.

UNAIDS (2000)

Programme co-ordinating board: HIV/AIDS and the education sector

UNAIDS, Geneva

Eight areas for priority action have been identified to mitigate the negative impact of HIV/AIDS on the education sector. These include: a) policy development and advocacy; b) AIDS curriculum reform; c) skills-based teacher training for AIDS education; d) counselling and health services; e) educational system capacity-building; f) resource mobilisation for AIDS education; g) partnerships for AIDS and education; and h) research and evaluation. In addition, three priority areas to maximize the positive impact of education on reducing HIV/AIDS transmission are recommended for the most affected countries. These are: policies to ensure comprehensive educational programmes for AIDS orphans, children who head households, and children displaced as a result of AIDS; integrating AIDS education into non-formal education programmes through community-based structures and constituencies; and developing innovative education programmes for young girls whose HIV risk and vulnerability are increasing rapidly.

UNAIDS (1999)

The UNAIDS Report

UNAIDS, Geneva

UNAIDS/WHO (2000)

Opening up the HIV/AIDS epidemic

UNDP HIV & development Program, Geneva

UNDP (2000)

Governance for sustainable human development

UNDP, Geneva

UNDP (2000)

HIV impact assessment tool: The concept and its application

UNDP, Geneva

UNDP (2001)

HIV/AIDS Implications for Poverty Reduction UNDP Policy Paper

UNDP, Geneva.

UNICEF (2000)

The Progress of Nations

United Nations Children's Fund (UNICEF), New York

USAID (2000)

Democracy and governance: A conceptual framework

USAID, Washington DC

The United States Government works to encourage democracy in developing nations throughout the world on the basis of the ideals of liberty, personal and civic freedom, and government of, for, and by people - values on which the United States was founded and which gird the social and political life of our nation. As U.S.

Secretary of State Madeleine Albright stated to the Senate Foreign Relations Committee in January 1997, We will continue to promote and advocate democracy because we know that democracy air a parent to peace, and that the American Constitution remains the most revolutionary and inspiring source of change in the world.

USAID (1998)

Handbook of democracy and governance: Program indicators

Technical Publication Series Center for Democracy and Governance, USAID, Washington DC

USAID (1998)

HIV/AIDS in the developing world

United States Agency for International Development (USAID), Washington DC

The report ranks the progressive decline in fertility rates and HIV/AIDS as the demographic events that have 'softened' the surge in human numbers. The report presents a range of measures (life expectancy, population growth rate, death rates etc.) for a number of developing countries including South Africa. For each rate a with-AIDS and without-AIDS rate is presented. The figures are largely based on US Census Bureau estimates – often using unpublished tables.

USAID (2001)

Leading the way: USAID responds to HIV/AIDS, 1997-2000

The Synergy Project, Washington DC

USAID (1999)

South African post-election consolidation: Transparent, accountable and participatory governance

USAID, Washington DC and the National Democratic Institute for International Affairs (NDI)

In September 1996, the NDI entered into a cooperative agreement with USAID/South Africa to support the consolidation of democracy and the enhancement of transparent and accountable government in South Africa. This agreement is a follow-on agreement to the 1994-96 post-election grant, Political Parties in Parliament. It allows NDI to build upon and expand the scope of its previous assistance to national and provincial parliaments, local government structures, and the Ministry of Constitutional Development and Provincial Affairs. Under the terms of the cooperative agreement, NDI reports its programme results to USAID on a biannual basis to inform the Mission's Intermediate Result: A Strengthened capacity of elected institutions to promote and incorporate constituency interests and public participation. In September 1998, NDI and USAID amended the current cooperative agreement. The amendment enables NDI to continue its support of South Africa's democratic institutions through January 31, 2001. Under the amendment, NDI will continue to work with the National Council of Provinces (NCOP), the Department of Constitutional Development and Provincial Affairs (DCD), and the South African Local Government Association (SALGA). In addition, NDI will continue its collaboration with selected South African non-governmental partners. This biannual report begins with a summary of NDI's key results this period. The final section of the report provides information about significant programme developments, management changes, and NDI's working relationship with USAID during the reporting period.

USAID (1999)

The role of media in democracy: A strategic approach

Center for Democracy and Governance, USAID, Geneva. Technical Publication Series

Van Rensburg D, Ngwena C, Pelsaer A, Steyn F, Booysen F, Friedman I & Adendorff E (2002)

Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa

Centre for Health Systems Research and Development, Bloemfontein

Van Zuydam J (1998)

Population trends and industrial strategies in SA

Joint IASS/IAOS Conference, Statistics for economic and social development

This paper analyses the relationship between trends and industrial strategy in SA, on the basis of available data. It assesses the impact of apartheid industrial strategies as an important component of understanding the population implication of post-apartheid industrial strategies.

Walton M & Kanbur R (1999)

Consultations with the poor: Methodology guide for the 20 country study for the World Development Report 2000/01

World Bank, Washington DC

Watts C, Mertens T, Bertozzi S, Chibisa J & Vickerman P (1999)

Blood transfusion services impact model

London School of Hygiene and Tropical Medicine (LSHTM) & UNAIDS, London and Geneva

A toolkit to estimate the impact of interventions to strengthen blood transfusions.

Watts C, Vickerman P, Chibisa J & Mertens T (1999)

School intervention impact model

London School of Hygiene and Tropical Medicine (LSHTM) & UNAIDS, London and Geneva

A toolkit to estimate the impact of HIV prevention activities focused on youth in school.

Weiner R, Pick W, Kgosdinsti N, Conway C & Fisher B (2000)

The provision and distribution of HIV/AIDS related interventions in the South African public health sector

Poverty and Inequality: The Challenges for Public Health in South Africa Conference, Epidemiological Society of Southern Africa (ESSA), East London

In the context of the growing AIDS epidemic, a set of indicators reflecting the provision and distribution of HIV/AIDS related interventions was measured as part of a national survey on public health facilities. Condoms were available in 79% of clinics; 53% of hospitals had post-exposure prophylaxis for needlestick injuries; TB drugs were available at 71% of hospitals and 59% of clinics, but in some provinces less than 50% of clinics had drugs in stock. The survey confirms urban, rural and provincial inequities.

West GP (1996)

The integration of HIV/AIDS into national development planning

University of Natal, Economic Research Unit, Occasional Paper # 2 of the ERU Series on HIV/AIDS, Durban

WFP

Hunger and HIV/AIDS

World Food Programme, Rome.

Whiteside A (1999)

Projecting the epidemic: policy makers and planners needs

In: The socio-demographic impact of AIDS in Africa. Based on the conference organised by the Committee on AIDS of the International Union for the Scientific Study of Population (IUSSP) and the University of Natal, Durban, South Africa, Liege, Belgium

In general, policy-makers and planners in developing countries have not responded to the AIDS epidemic and or its consequences, partly due to denial and partly out of ignorance of the magnitude of the problem and what can be done about it. This inaction is both frustrating and inexplicable. The author considers the implications of the epidemic and how demographers should respond. The implications of the HIV/AIDS epidemic are first described, followed by what planning attempts to do, efforts to put HIV/AIDS into policy making and planning, why issues are not considered, what can be done, and how such action can be taken. The HIV/AIDS epidemic will have demographic, economic, and development effects upon the country. Experiences including AIDS in planning are described for Swaziland and KwaZulu-Natal.

Whiteside A (1992)

Training for planners in AIDS afflicted developing countries: an assessment of needs and approaches

International Conference on AIDS, 1992

The ability to model the growth in numbers likely to be infected with HIV has developed rapidly over the past few years. Greater certainty as to numbers means the ability to plan for the disease is also growing. It is vital that this planning be done as the disease will affect virtually all sectors of society and the economy. This paper looks at the ways in which planners in government, the private sector and NGOs can begin to be trained to assess the likely effects of the epidemic and plan for it.

Whiteside A & Sunter C (2000)

AIDS: The challenge for South Africa

Human and Rousseau, Tafelberg, SA

This book argues that there are many interventions that can be carried out in response to HIV/AIDS. It covers the origin of HIV/AIDS, the current situation in the world and in Africa, the South African impact, and demographic and social consequences in South Africa. The authors recommend a grassroots approach on a wide front.

Whiteside A, Wilkins N, Mason B & Wood G (1995)

The Impact of HIV/AIDS on planning issues in KwaZulu-Natal

Town and Regional Planning Commission Town and Regional Planning Supplementary Report Vol 42, KwaZulu-Natal, SA

An overview of the impacts of HIV/AIDS in KwaZulu-Natal and its implications for the Town and Regional Planning Commission of the province.

WHO (2001)

Economics and financing reproductive health. Department of Reproductive Health and Research (RHR), Geneva.

Available from <http://www.who.int/reproductive-health/economics/index.html> [Accessed May 2002]

Wilkins N (2000)

AIDS Briefs for sectoral planners and managers: Informal Sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The informal sector consists of small-scale enterprises operating on the margins of the 'formal' economy. The sector encompasses very diverse and dissimilar activities, organisational forms and institutional environments and should not be treated as a homogeneous sector. HIV/AIDS is a particularly serious threat to informal enterprises because of their inherent dependence on a small labour base. Many informal enterprises consist of the operator plus one or two other workers, often paid or unpaid members of the operator's family. Hence, when the operator (and probably one or two other family members) falls ill and dies, the enterprise may end as well. The loss of contributions to rotating savings and credit associations will reduce the funding available to finance other informal enterprises. The value of social protection schemes, which include household income maintenance in the event of illness or death of family members due to HIV/AIDS, should be recognised. Initiatives launched by the ILO and other bodies to pilot social protection schemes for the informal sector in certain countries should be adapted and replicated.

World Bank (2001)

Agriculture, New AIDS Victim? Researchers seek to protect harvests from Africa's AIDS epidemic

World Bank, New York

No longer just a health problem, AIDS threatens the ability of developing countries to harvest sufficient food for their people, according to Future Harvest, a nonprofit organization that builds awareness and support for food and environmental research. AIDS affects all regions of the world, but is at its worst in Sub-Saharan Africa where 80 percent of all AIDS-related deaths have taken place. Of the nearly 14 million Africans who have died from the disease, more than 60 percent lived in rural areas and were engaged in agriculture. Future Harvest is an initiative of the 16 food and environmental research centers that are primarily funded through the Consultative Group on International Agricultural Research, of which the World Bank is a member

World Bank (2000)

Attacking poverty: Opportunity, empowerment and security

In: World Development Report 2000/2001: Attacking Poverty (Overview)

World Bank (2000)

Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question

ACT Africa; World Bank, New York

The HIV/AIDS epidemic is causing considerable turbulence in the education sector in many countries in eastern and southern Africa. Turbulence, with its imagery of swirling, rapid change, is appropriate in this case. The impacts of HIV/AIDS on the education sector will assuredly be profound but not necessarily all in the same direction. How African countries respond to this turbulence will affect both their ability to improve educational services for African children as well as the future course of the HIV/AIDS epidemic. This working paper explores some of this turbulence in four countries: Zimbabwe; Zambia; Kenya; and Uganda. The analysis is based on applications of the AIDS Impact Model (AIM). At least two alternative population projections are used for each country. The first projection is hypothetical and assumes that the HIV/AIDS epidemic never existed. Each of these projections is designated the Without AIDS projection, for example, Uganda-Without AIDS. The second projection for each of the four countries traces the historical development of the epidemic as closely as possible and then projects forward to 2010. Each of these projections is designated the With AIDS projection, for example, Uganda-With AIDS. HIV/AIDS epidemics vary widely throughout the region. This variation will affect the degree of turbulence in the education sector. The graph shows estimates of HIV prevalence among 15 to 49 year olds in the four study countries over the 1990-1998 period. In Zimbabwe, prevalence may have reached 25 percent by 1998. In Zambia, prevalence probably peaked earlier in the 1990s at over 19 percent and then remained at that level for the duration of the decade. In Kenya, prevalence seems

to have risen steadily throughout the 1990s and stood at about 13.5 percent by 1998. Uganda is the anomaly. HIV prevalence seems to have dropped consistently throughout the decade, falling to the 6 to 7 percent range by 1998.

World Bank (2000)

World Development Report 2000/2001: Attacking Poverty

World Bank, Washington DC

World Bank (1993)

World development report: Investing in Health.

New York, Oxford University Press.

World Bank (1999)

Considering HIV/AIDS in development assistance: A toolkit

World Bank, Washington DC

This toolkit considers the implications of HIV/AIDS in the provision of development assistance. It provides a sectoral analysis, looking at HIV/AIDS in education, in rural development, and in the transport sector as specific examples. In the presentation of these examples, action-orientations are indicated. The book concludes with guidelines for including HIV/AIDS in Project Cycle Management, and for including HIV/AIDS in consultants' terms of reference.

World Bank (2000)

Intensifying action against HIV/AIDS in Africa: Responding to a development crisis

World Bank, Africa Region, Washington DC

Provides an overview of World Bank oriented activities that can contribute to HIV/AIDS prevention and care.

Yeager R (2000)

AIDS Briefs for sectoral planners and managers: Military sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Owing to their occupation and lifestyle, military personnel are among the core groups most at risk to HIV infection and transmission. Severe consequences accompany HIV/AIDS in military populations, including loss of support for dependants, depletion of force strength and command capacity, and possible socioeconomic and political destabilisation, compromised national security and generalised breakdown of public order. Measures for limiting the spread of HIV/AIDS in military and related civilian populations include: behavioural change resulting from information, education and communication programmes that encourage safe sex and consistent condom use; blood screening for HIV; effective treatment of STDs; voluntary testing for HIV and other STDs, accompanied by counselling; confidentiality of HIV test results and guarantee of job security until medical discharge becomes necessary. AIDS-related illness and death management measures include: social and psychological counselling; preservation of employment security; confidentiality in care and treatment; provision of continuing medical care of HIV-infected personnel and their dependants in military and civilian facilities; protection of legal rights of surviving dependants. Survivors can be supported by: continuation of military pensions and benefits; reintegration of military dependants within their home communities; assistance in the protection of family property rights. Immediate and long-term security impact of HIV/AIDS can be mitigated by epidemiological surveillance and monitoring together with recruitment of replacement personnel; increased inter-sectoral commitment to HIV/AIDS prevention and control moving beyond traditional distinctions among and between the public and private sectors in promoting common welfare.

ActionAid (1993)

Work against AIDS: Workplace based AIDS initiatives in Zimbabwe

Strategies for hope, 8. ActionAid in association with AMREF, London

Baggaley R, Godfrey-Faussett P, Msiska R, Chilangwa D, Chitu E, Porter J & Kelly M (1994)

Impact of HIV infection on Zambian businesses

British Medical Journal, 309 (6968): 1549-50

Women attending antenatal clinics in Zambia have rates of HIV infection of 11-30%. Deaths from the disease are likely to affect the economy of individual families and, if widespread, that of the country. Since December 1990 the Kara Counselling and Training Trust has offered education about HIV to local companies. We therefore studied the impact of HIV infection on businesses in Zambia as reported by senior management staff.

Baxter R (1996)

The economics of South African mines, in HIV/AIDS management in South Africa: Priorities for the mining industry

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Bloom DE, Bloom LK and River Path Associates (2000)

Business, AIDS & Africa

The Africa Competitiveness Report 2000/01

In 1981, the New York Times reported an outbreak of a rare cancer among gay men in California and New York. The same year, a technician at the US Center for Disease Control (CDC) noted increased demand for the drug pentamidine, used to treat patients with pneumocystis carinii pneumonia (PCP). PCP was on the rise not only among gay men, but also among drug users. Within a year, a new syndrome had been identified and named first as GRID (gay-related immune deficiency) and then AIDS (acquired immune deficiency syndrome). Early suspicions that AIDS was caused by drug abuse proved unfounded and, by 1983, a retrovirus had been identified as the probable cause of the syndrome. It was soon discovered that the human immunodeficiency virus (HIV) – named in 1986 – was transmitted through bodily fluids, mainly blood, semen, vaginal fluid, and breast milk, passed from person to person during sexual intercourse, pregnancy, or breast feeding through blood transfusion; or by sharing used needles contaminated by infected blood. The oldest HIV sequence yet discovered dates from the 1950s; however, according to Los Alamos National Laboratory in the US, the virus probably emerged around 1930 when most scientists believe it crossed from chimpanzees to humans. At first, HIV/AIDS was popularly believed to be a gay disease and to be principally a problem for the West. By 1987, however, more than 120 countries had reported more than 60 000 cases to the WHO: 77% of reported cases were in the Americas, 12% in Europe, and 9% in Africa. Ten years later, the reporting epicenter of the epidemic had shifted dramatically. By December 1996, UNAIDS estimated that over 60% of the 21.8 million people infected with HIV were living in sub-Saharan Africa. It observed how rapidly mini-epidemics could explode and predicted a grim future for many African countries unless action was taken quickly.

Campbell C & Williams B (1999)

Beyond the biomedical and behavioural: Towards an integrated approach to HIV prevention in the southern African mining industry

Social Science and Medicine 48 (11):1625-1639

While migrant labour is believed to play an important role in the dynamics of HIV-transmission in many of the countries of southern Africa, little has been written about the way in which HIV/AIDS has been dealt with in the industrial settings in which many migrant workers are employed. This paper takes the goldmining industry in the countries of the Southern African Development Community (SADC) as a case study. While many mines made substantial efforts to establish HIV-prevention programmes relatively early on in the epidemic, these appear to have had little impact. This paper analyses the response of key players in the mining industry, in the interests of highlighting the limitations of the way in which both managements and trade unions have responded to HIV. It will be argued that the energy that has been devoted either to biomedical or behavioural prevention programmes or to human rights issues has served to obscure the social and developmental dimensions of HIV-transmission. This argument is supported by means of a case study which seeks to highlight the complexity of the dynamics of disease transmission in this context, a complexity which is not reflected in individualistic responses. An account is given of a new intervention that seeks to develop a more integrated approach to HIV management in an industrial setting.

Center for International Health (CIH) (2000)

The economic impact of AIDS on South African businesses

CIH, Boston University School of Public Health, Boston

In collaboration with South African colleagues, the CIH at the Boston University School of Public Health in Boston, Massachusetts is seeking South African businesses to collaborate in a study of the impact of HIV and AIDS on costs and productivity in the private sector. For participating companies, the study will provide a detailed estimate of the current and future costs of HIV infections and generate information that can be used to assess the benefits of HIV/AIDS policies and workplace programmes to prevent transmission of HIV. The confidentiality of the participating companies and their employees will be strictly protected.

Chaikledkaew U, Liu G, Lyu R & Louie S (2001)

Economic cost of HIV infection in untreated workers: An employer's perspective

Value in Health 4 (5):127

Churchyard G (1996)

Of soil and seed: HIV related TB on the mines

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Crafford GJ (1992)

AIDS policy formulation in the workplace and the economic cost of AIDS: A Western Cape survey

M Com, University of Stellenbosch, Department of Economics, Stellenbosch

As the AIDS epidemic grows, so does the potential for the disease to disrupt the conduct of business. Each company's survival will depend on its ability to develop a policy to manage the impact of AIDS upon its business. It is essential that there is a partnership between workers, employers and their organisations in formulating and implementing an AIDS policy. Issues to be addressed in the policy are: whether AIDS should form a separate policy or be part of a more general life-threatening disease policy; HIV testing; rights of HIV-infected and fellow employees; the confidentiality of a medical diagnosis; the prevention of discrimination; education programmes; and counselling of AIDS-infected employees. The total cost of AIDS takes the form of direct and indirect costs; direct costs consist mainly of medical care costs, while the indirect costs adopt the human capital approach. Advanced studies relating to the economic implications are inaccurate and, therefore, do not improve South Africa's position.

Crisp J (1996)

AIDS programmes in the mining industry: an overview

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Daly K (2000)

The business response to HIV/AIDS: Impact and lessons learned

UNAIDS, Geneva

This report provides an outline of the macroeconomic and business impact, and of the business response to HIV/AIDS. Profiles of business activities in response to HIV/AIDS are appended. Global systems of production offer opportunities for cross-sector collaboration on HIV/AIDS interventions. Apart from company-provided HIV/AIDS programmes, partnerships with governmental organisations and NGOs are of utmost importance. Programmes and statistical indicators should be monitored. Early investments, such as education and prevention campaigns and health care provision, while initially costly, have long-term cost benefits.

De Witt CC (1991)

AIDS in the workplace. A legal perspective

Degree: Postgraduate division: labour relations, Rand Afrikaans University, Johannesburg

The aim of this study was to investigate the impact of AIDS in the workplace from a legal point of view and to isolate some of the most important areas where legal regulation could become problematic. In general it was found that the best way to deal with AIDS is to try and prevent it by eliminating ignorance as far as possible and to bring the disease into the open by means of the early distribution of facts through proper education and counselling and especially the formulation and implementation of a sympathetic AIDS policy. This should prevent litigation on the basis of the unfair labour practice concept in the industrial court to a large extent. The legal position regarding specific problem areas such as confidentiality, testing, the value and regulation of screening, the freedom to employ, dismissal, termination and safety was analysed both in terms of existing South African law and also by comparison with developments internationally. It was found that a high

premium is placed on security of employment and that AIDS sufferers should not be discriminated against, but treated objectively like other cases of serious illness.

Department of Health (1997)

Guidelines for developing a workplace policy and programme on HIV/AIDS and STDs

Department of Health, Pretoria

These guidelines offer a comprehensive blueprint for a collaborative approach to HIV/AIDS at the workplace. As such, they address concerns and responsibilities of both employers and employees, of shopstewards, trade unions, supervisors, and managers. Principles for policy and programme development are outlined, together with checklists for HIV/AIDS and STD programmes. Matters concerning human resources and personnel include the management of employees who have HIV/AIDS, HIV testing in the workplace, and employee benefits. As the workplace is an ideal setting for prevention programmes, steps are outlined for education and information on risk reduction, basic principles of infection control, for condom distribution. A section on wellness management advises on counselling and care for PWHA and on links with other programmes in the workplace and with health services outside the workplace.

Department of Health (2000)

Policy on HIV/AIDS and STDs in the workplace

Department of Health, Pretoria

Desmond C (2000)

AIDS Briefs for sectoral planners and managers: Financial sector

Do Thi Nhu T & Kelly FP (2000)

Migrants, labour, economics and HIV in Vietnam

13th International AIDS Conference, Durban

The vulnerability for HIV/AIDS infection of migrants and other mobile populations has been well documented. Both inter- and intra-country populations share common experiences, like less access to health facilities and prevention programmes. The responses, in terms of support, prevention activities and advocacy misses an economic analysis of the situation across the groups and system. Thus the commonalities, which can assist with better programming are rarely identified. CARAM Vietnam Action Research project with sex workers, domestic workers, migrant workers as well as employers and users (local tourists) worked on developing a systems approach to addressing mobile labourers' vulnerability to HIV/AIDS. The economic model developed uses simple free market economy 'supply and demand' principles to identify the similarities between mobile and migrant groups within countries and across borders and to understand the chain of players within the systems. CARAM Vietnam developed a model and points of best impact to minimise vulnerability of migrant and mobile groups (supply side) and in some cases, 'demand' side and the chain of players, thus reducing HIV/AIDS cases. Amongst migrant and mobile labour groups, both 'documented' and 'undocumented', common systems dictate their vulnerability to STD and HIV-infection. The economic framework developed by CARAM has proven an essential tool in effectively targeting these vulnerable groups in the system and addressing the conditions from demand sides.

Duckett M (2000)

Migrants' right to health

13th International AIDS Conference, Durban

A number of studies have documented the fact that human mobility is associated with an increased risk of HIV infection. However, being a migrant, in and of itself, is not a risk factor – it is the activities undertaken during the migration process that are the risk factors. UNAIDS/IOM commissioned a policy discussion paper on migrants' right to health. This paper outlines key existing laws, policies and best practices in relation to the rights of migrants to health, and associated care, treatment, support and prevention, particularly in relation to HIV/AIDS/STD and reproductive health matters. The author uses this framework of existing laws and policies to address ethical and economic dimensions, and to consider the effects of globalisation and the implications of policies for migrant health. It concludes with recommendations for the future development of policies to improve the health status of migrant populations. These include acknowledgment of the right to health care access for all; attention to, and compliance by all countries with international treaties and agreements to which they are a party; health care access programmes for non-nationals that move beyond emergency care, and address physical, mental and social well being, particularly in relation to HIV/AIDS/STD and reproductive health; and attention to the gender disparities often involved in migrant worker movements, both within countries and across borders, and to gender/power relationships which frequently govern women's access to information and health care.

Eskom (1999)

Managing the impact of AIDS in the workplace: Case study

Paper presented at the Council on Education in Management Conference, Johannesburg

FHI/AIDSCAP (1995)

Private sector AIDS policy: Business managing HIV/AIDS

Family Health International, Washington DC

This is a 'how-to' manual that describes a step-by-step approach to planning and implementing HIV/AIDS prevention programmes and policies for businesses. It is designed to help managers understand the impact of HIV/AIDS on business and to give guidance on how to minimise that impact through the development and implementation of appropriate policies and ongoing employee prevention programmes.

Foster S (1996)

The implications of HIV/AIDS for South African mines

AIDS Analysis Africa 7 (3)

While conceding the data is sparse and unreliable, this article attempts to assess the impact of HIV on the mining industry in South Africa. Mining constitutes about 20% of the GDP and its contribution to the annual growth of the GDP is thought to be about 3%. The industry has many forward and backward linkages in the economy. Each miner supports between 7 and 10 dependants, while the employment of each miner gives rise to one additional job in the South African economy. Remittances from mining is also very important to the economies of Lesotho, Mozambique, Swaziland and Botswana. The article is impact oriented and sketches the costs to the mining industry in terms of loss of skilled workers, absenteeism, medical and pension costs and a likely pattern of continuous fall in productivity. It urges the need to take urgent steps to slow the spread of HIV among mineworkers and in the communities surrounding the mines, particularly among the miners' partners, girlfriends and commercial sex workers. No specific suggestions – other than the need for more research – are put forward.

Fourie I (1996)

Health care in the mining industry

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Gahagen P (1996)

An integrated approach to HIV/AIDS prevention programmes: The New Vaal experience

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Galloway MR & Stein J (1998)

HIV/AIDS in the workplace: What South African companies are doing

AIDS Bulletin 7 (1)

To obtain a clearer picture of the response of South African industry to HIV/AIDS, a questionnaire was mailed to 16 selected large and small companies representing different sectors of the economy. This article presents the responses of the four companies that responded: Impala Platinum, Woolworths, Tongaat-Hulett Group, and Nasionale Pers. None of the companies requires pre-employment HIV testing and employees who become ill as a result of HIV infection are treated according to general sick policy. Three companies have a formal HIV/AIDS policy document that is available to workers. Although employees are not obligated to report their HIV status to their employer, such disclosure is recommended so the worker can access treatment or disability benefits. Three companies have extensive AIDS education and counselling programmes in place and the fourth is in the process of developing one. These programmes may include peer counselling, condom distribution, prevention of social discrimination, and syndromic treatment of sexually transmitted diseases. HIV statistics were provided by some companies.

Ganesan M (2000)

Government, private sector and NGOs' responses to HIV/AIDS at workplaces

13th International AIDS Conference, Durban

The issue of dealing effectively with the problems of HIV/AIDS in relation to workplace is crucial, at the local, national as well as international level. At present the policies drawn by ILO/WHO are being followed as guidelines by the developed countries; in India the initiatives taken at the workplace are still at a preliminary and premature stage. This paper reviews the global scenario of HIV/AIDS and the workplace within the overall context of the pattern of HIV/AIDS in the region, related issues of labour structure and conditions, state of

health care services and the workplace responses to HIV/AIDS. This paper attempts to understand the implication of HIV/AIDS for the working population both in organised and unorganised sectors, in terms of factors influencing the vulnerability to HIV/AIDS and the social context that promotes these factors. Also, it deals with the national AIDS control initiatives taken by government, private sector and NGOs at the workplace.

Gresak GA (1998)

AIDS in the workplace: HIV/AIDS and the law

AIDS Bulletin 7 (1)

South Africa's Department of Labour is currently redrafting its Labour Relations Act, Employee Equity legislation, and Wage and Basic Conditions of Employment Acts. This process represents an opportunity to guarantee greater legal protection for HIV-infected employees and to develop more comprehensive workplace-based HIV/AIDS education, prevention, and care programmes. The courts are expected to classify HIV/AIDS as a disability, in which case affected individuals would be protected from discrimination and unfair dismissal under the new Labour Relations Act and Employment Equity Bill. A Code of Good Practice on HIV/AIDS has been developed by the AIDS Law Project to set employment standards and transform notions of equity into practice. Still required are objective criteria to ensure that company policy and procedures are not based on unfair discrimination against HIV-infected employees and mechanisms for protecting HIV-positive workers from harassment. The feasibility of passage by Parliament of a bill prohibiting pre-employment or pre-benefit HIV testing under any circumstances remains under debate. For companies to prevail in unfair discrimination charges, they will now be required to prove that HIV infection was unrelated to the action taken, there was consultation with and agreement from the unions, or that there is clear evidence that alternative measures would mitigate against the majority of employees.

Heywood M (1996)

Mining industry enters a new era of AIDS prevention. Eye witness: South Africa

AIDS Analysis Africa 6 (3)

Miners in South Africa are now more at risk of contracting HIV than of being in a mining accident. Some epidemiologists predict that the mines could be experiencing 12 000-40 000 deaths related to AIDS by 2010. In 1986, HIV infection among mineworkers was 1/3 500. Gencor medical personnel now estimate that 20% of the company's employees are HIV-positive and that 30 workers are dying of AIDS each month. In August 1995, the Chamber of Mines, the World Bank, and the WHO held a seminar to discuss the potential impact of the epidemic; it was followed by a workshop, 'Research needs and priorities for the management of HIV/AIDS transmission in the mining industry,' which was organised by the Epidemiology Unit in Johannesburg. The mining sector is in a unique position to fight HIV because it already has an extensive medical infrastructure with the capacity to treat STDs effectively, a unionised workforce to provide a pool of peer educators, and recruitment agencies to extend HIV-prevention into rural areas. Obstacles to effective HIV/AIDS education include discrimination (workers are tested for HIV without consent, and dismissed, if found to be positive, regardless of union agreements); a psychological factor that is related to underground work and produces recklessness; poor living conditions; and illiteracy. Many myths remain about the cost of improving social conditions and introducing HIV-prevention programmes.

Heywood M (1995)

The rights of people with HIV/AIDS to employment, benefits and social security

AIDS Bulletin 4 (2):10-1

In South Africa, the business sector and the South African National Defence Force try to explain their discrimination against persons with HIV/AIDS in terms of their special circumstances, which require them to protect themselves from HIV/AIDS. Yet business can benefit from nondiscrimination policies. Major employers, including the Chamber of Mines, contributed to the drafting of the most comprehensive statement on the rights of people with HIV – the National AIDS Plan. This plan is also the policy of the government. Yet this commitment to nondiscrimination is shaky. The mining industry is considering implementing a pre-employment HIV testing programme. The policy of excluding HIV-positive persons from employment is bad for business. There are large direct and indirect costs in determining HIV seropositivity of employees. Implementation of the policy would exacerbate existing social problems, resulting in a reduction in foreign and domestic investment. The business sector challenges the notion that HIV-positive employees should have the same rights and entitlements as other employees. Businesses sometimes exclude HIV-positive employees from their employee benefits or medical plans. More and more health care professionals feel that medical aid plans should include people with HIV. The cost per person on a managed health care programme should be shared among employers, the government, and the individual employee. The cost is better than the much greater costs that will occur as a result of reduced productivity, high employee turnover, industrial relations in turmoil, and the burden to the government of tens of thousands of unemployed people with HIV who are healthy enough to still contribute. Workplace HIV/AIDS prevention programmes can prevent more than 50% of all new HIV infections, according to the WHO.

Hussey J (1999)

The Global Business Council on HIV/AIDS

Empower Publishing (HIV) Ltd, London

ILO (1999)

East Africa multidisciplinary advisory team: African employment report 1995

ILO, Geneva

ILO (2000)

HIV/AIDS: A threat to decent work, productivity and development

ILO, Geneva

The figures speak for themselves. With an estimated 33 million persons living with HIV in 1999, two-thirds of them in sub-Saharan Africa, and over 5 million newly infected in 1999 alone, HIV/AIDS is an immense human and social tragedy. It is also now beginning to be more widely, if belatedly understood that HIV/AIDS is a major threat to the world of work. HIV/AIDS is a threat to workers' rights. People with HIV/AIDS are subject to stigmatisation, discrimination or even hostility in the community and at work. The rights of people living with HIV/AIDS, such as the right to non-discrimination, equal protection and equality before the law, to privacy, liberty of movement, work, equal access to education, housing, health care, social security, assistance and welfare, are often violated on the sole basis of their known or presumed HIV/AIDS status. Individuals who suffer discrimination and lack of human rights protection are both more vulnerable to becoming infected and less able to cope with the burdens of HIV/AIDS.

ILO (2000)

Impact of HIV/AIDS on the Africa Labour Force

ILO, Geneva

Jochelson K, Mothibeli M & Leger JP (1991)

Human immunodeficiency virus and migrant labour in South Africa

International Journal of Health Services 21(1):157-73

The authors investigate the impact of the migrant labour system on heterosexual relationships on South African mines and assess the implications for the future transmission of HIV infection. The migrant labour system has created a market for prostitution in mining towns and geographic networks of relationships within and between urban and rural communities. A section of the migrant workforce and a group of women dependent on prostitution for economic support appear especially vulnerable to contracting HIV infection since they are involved in multiple sexual encounters with different, changing partners, usually without condom protection. Furthermore, sexually transmitted disease morbidity is extensive in the general and mineworker populations. Historically, migration facilitated the transmission of sexually transmitted diseases and may act similarly for HIV. Problems of combating the HIV epidemic in South Africa are discussed.

Llados J, Plumley B & Hussey J (1998)

The global business council on HIV/AIDS

12th International Conference on AIDS, Geneva

A global private sector initiative to promote public/NGO/private partnership responses to HIV/AIDS. The launch of the Global Business Council (GBC) on HIV/AIDS in Edinburgh in October 1997, offers both an opportunity and a challenge to business leaders. Companies' interest in HIV/AIDS extends beyond their immediate experience. Thanks to the variety of existing successful business initiatives, the GBC can use leadership, networking and discussion to widen that interest, to learn from companies, and ultimately to help UNAIDS and others to maximise the benefits to the global fight against AIDS. Examples show private/public sector partnerships do work, extending the company's reach beyond the workplace and its immediate community.

Loewenson R (1999)

Economic impacts of HIV/AIDS and the corporate response

Business Map, SA Investment 1999: The millennium challenge

This paper charts predictions around the epidemic and summarises the corporate response to what has become not only a development issue, but one closely watched by new investors.

London L (1998)

AIDS control and the workplace: The role of occupational health services in South Africa

International Journal of Health Services 28 (3):575-91

London L (1996)

AIDS programmes at the workplace: A score sheet for assessing the quality of services

Occupational Medicine 46 (3):216-20

Marcus T (2000)

Exposure and experience confounded by structural constraints: Assessing the impact of AIDS on long-distance truck drivers

13th International AIDS Conference, Durban

Marcus T (1997)

Investigating the risks of AIDS: A case study of long-distance truck drivers

Development Southern Africa 14 (7)

McPherson ME, Hoover D & Snodgrass D (2000)

The impact on economic growth in Africa of rising costs and labour productivity losses associated with HIV/AIDS

Harvard Institute for International Development, Cambridge MA, USA. CAER II Discussion Paper # 79

Meekers D (2000)

Going underground and going after women: trends in sexual risk behaviour among gold miners in South Africa

International Journal of STDs and AIDS, 11 (1):21-6

This paper reports on secondary analysis of surveys conducted among the mineworkers of Welkom, South Africa, in 1995 and 1997 – before and after an AIDSCAP-funded programme of condom social marketing, peer education, and STD treatment. During this period, the composition of the labour force changed significantly as a result of developments in the industry: at the end of the intervention, miners were older and less educated. Adjusting for these differences, there were statistically significant increases in miners' personal risk perception, decreases in sexual relations with casual partners or sex workers, and increases in condom use during last sex. The conclusions are important: structural changes in the industry are resulting in riskier sexual behaviour at the mines; social marketing and other interventions appear to have been effective in mitigating these trends; and careful and thorough evaluative research is necessary if such effectiveness is to be observed.

Meeson A (2000)

Mining for solutions to HIV/AIDS

South African Labour Bulletin, 24 (1)

This article provides an overview of interventions at Harmony Goldmine in Virginia, South Africa. It includes perspectives from the National Union of Mineworkers (NUM).

Meeson A (2000)

Not so sweet: HIV/AIDS and South Africa's canefields

South African Labour Bulletin, 24 (5)

This article provides an overview of sugar industry issues including perspectives of workers, unions and managers.

Meeson A (2000)

Tackling HIV/AIDS: Sactwu sets the example

South African Labour Bulletin, 24 (3)

This article reviews the South African Clothing and Textile Workers Union (Sactwu's) response to HIV/AIDS. The approach includes short-term education, and the development of an industry model, including partnerships with businesses.

Meeson A (2000)

The silence is deafening

SA Labour Bulletin, 24 (4)

Meeson A & van Meelis T (2000)

Practising in parallel: Not the best practice

South African Labour Bulletin, 24 (2)

This article reviews the AIDS strategy of Eskom's widely acclaimed workplace intervention. There is some evidence of schisms between unions and management that undermine AIDS programming.

Michael K (1999)

Best practices: A review of company activity on HIV/AIDS in South Africa

Health Economics & HIV/AIDS Research Division (HEARD) of the University of Natal in Durban

In 1998 the Health Economic and HIV/AIDS Research Division at UND surveyed a number of companies, in order to document 'best practices' in the management of HIV/AIDS at the workplace. The paper documents the results.

Michael K (2000)

AIDS Briefs for sectoral planners and managers: Transport Sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

More efficient and affordable transport means more mobility, which may inadvertently facilitate HIV transmission. Imaginative actions, however, can address this challenge and transport is a key role-players in any multi-sectoral response. Policy- and decision-makers need to consider the role of transport in disease prevention and mitigation. As the people in the sector form a small and easily targeted group, the problem is not insurmountable.

Michael K (1999)

HIV/AIDS and the retail sector

AIDS Analysis Africa, 9 (6):6-10

Moema S, Mzaidume Z, Williams B, Campbell C, Wilson D & Dube N (1998)

An intervention trial in South Africa's goldmining industry

12th International Conference on AIDS, Geneva

South Africa's mining industry is central to the country's economy, employing almost a million people and accounting for 60% of export earnings. Carltonville goldmines in Gauteng Province represent South Africa's largest mining area, with over 100 000 miners. The West Rand Region, in which Carltonville is situated, has Gauteng Province's highest HIV prevalence, of 22%. The social context of mining, particularly migrant labour and hazardous physical work, relieved primarily by alcohol and sex, is conducive to rapid HIV transmission. An intervention trial, involving government, corporate, union, community and research partners, to reduce STD/HIV transmission in Carltonville, was developed in 1996. The research trial compares STD and HIV incidence in among 1 000 miners in Carltonville intervention arm and 1 000 miners in the adjacent Westonaria goldmining comparison arm. The intervention has two major components: comprehensive STI care; and peer education to motivate behavioural change and promote condoms. It has sub-components: formative assessment to understand the social context of STD/HIV transmission; mapping to understand the distribution of risk and STIs; training and supervising STI care providers, to provide comprehensive, primary, STI management; recruiting and training community peer educators to promote STI symptom knowledge, recognition, suspicion and prompt, informed, care seeking, to motivate behavioural change and promote condoms; extensive condom distribution, in workplaces and the wider community; and comprehensive evaluation, using an intervention trial design and collecting detailed annual behavioural, STI prevalence and incidence and HIV incidence data. The project has secured the commitment of all key stakeholders, to support a comprehensively implemented, rigorously evaluated intervention trial, in South Africa's most strategic industry. The project's approach, building crosscutting alliances to implement well evaluated interventions, may have broader relevance, as an approach to the central problem of reducing STI/HIV transmission in situations of migrancy, whose centrality to HIV transmission throughout Africa, is increasingly recognised.

Moore D (1999)

The AIDS threat and the private sector

Aids Analysis Africa, 9 (6)

The microeconomic impact of HIV/AIDS on the private sector is analysed from an actuarial perspective using the Metropolitan-Doyle model. Based on the most recently available statistics, the model projects that as of

1999, 11% of South Africa's workforce is HIV-positive and an estimated 0.6% are ill with AIDS. (These projections are likely a significant underestimation since many other sources point to much higher rates of infection.) The article outlines direct and indirect costs beyond the direct impact of the disease that have largely been ignored by companies. The indirect costs include: increased costs of recruiting and training staff; costs of additional sick and compassionate leave; negative impact on staff morale; costs of ensuring that occupational health and safety standards are adequate; dealing with prejudice amongst employees when some staff are HIV-positive; ensuring that HIV status of staff remains confidential; management and labour meetings to discuss the AIDS crisis as it develops; and loss of turnover and profits due to the impact of HIV/AIDS on clients.

Morris CN, Burdge DR & Cheevers EJ (2000)

Economic impact of HIV infection in a cohort of male sugar mill workers in South Africa from the perspective of industry

University of British Columbia, Vancouver, Canada and Illovo Sugar, SA

This study demonstrates the clinical and epidemiological features of HIV infection on a male occupational cohort in rural South Africa (Sugar mill workers in KwaZulu-Natal). This population had a high prevalence of infection (26%) and this was manifested in all age groups but predominantly in those workers who were either unskilled or semiskilled. The death of 5%, and ill-health retirement of 5.7% of the workforce over the 8 years of the study period demonstrates the impact of HIV on this economically productive segment of society. Only 58% of those with identified HIV infections were still active in the workforce at the end of the study. This represents a significant cost but at least a tenfold rise in these costs can be projected over the next 6 years, as the current epidemic matures and those HIV infected develop AIDS. The development of HIV care and prevention packages for this setting may potentially have a positive economic effect given these costs.

Morris CN, Burdge DR & Cheevers EJ (2000)

The direct costs of HIV/AIDS in a SA sugar mill

AIDS Analysis Africa, 10 (5)

Mzaidume Y (1999)

Managing HIV/AIDS in South Africa: Lessons from industrial settings

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

NEDLAC (1995)

HIV/AIDS and the employment code of good practice

SA Labour Bulletin, 19 (5)

Pikholz T (1992)

An investigation into AIDS prevention in the workplace – guidelines to a social marketing workplace preventative AIDS strategy

Degree, Dept of business science, University of Cape Town, SA

AIDS is not only a medical issue: it has social, political, religious, economic, financial, legal and ethical implications. AIDS in the workplace is a vital cog in the AIDS pandemic wheel and its potential impact on the workplace is immeasurable: employees fall into the reproductive age group and are therefore vulnerable to AIDS. This in turn adversely affects business in terms of loss of skilled manpower, decreased productivity, workplace disruption, higher health care and employee benefits costs. It is in the interests of employers and employees to take advantage of the organisational structure and undertake preventative AIDS efforts in the workplace. This dissertation comprises an application of social marketing principles and techniques to AIDS prevention in the workplace. This research investigates the provisions made for AIDS in companies in South Africa, and to gain an understanding of the preventative aids provisions which the respondents consider practical to implement in their workplace, in order to generate conclusions and recommendations. From the research findings and discussions arduous challenges have been identified. The solution does not lie simply in recognising these challenges. There is a need for action. Evidence from the literature suggest that social marketing principles and techniques are compatible with the task of AIDS prevention in the workplace. It is proposed that a solution to the identified challenges is a workplace social marketing preventative AIDS programme.

Regensberg LD et al (1988)

Affordable management of HIV infection in the private sector

South African Medical Journal, 88 (8):945- 948

Rosen S, Simon JL, Thea DM & Vincent JR (2000)

Care and treatment to extend the working lives of HIV-positive employees: calculating the benefits to business

Harvard Institute for International Development, Harvard University, MA

Although HIV infection rates in South Africa have been high and rising for nearly a decade, the epidemic of HIV/AIDS-related morbidity and mortality is just beginning. As South African adults start to sicken and die, concern is mounting about the potential costs to companies of HIV/AIDS among employees. When a business recognizes the threat posed by HIV among employees, it can pursue three basic response strategies for mitigating short- and long-term financial consequences: (1) try to prevent new infections; (2) avoid or reduce the costs associated with existing and future infections; and (3) provide treatment and support for infected employees to extend their productive working lives and thus postpone the costs of infection. This paper assesses the potential benefits to South African businesses of the third strategy. We describe an approach and methodology for analyzing the benefits of interventions that extend the working life of employees and demonstrate such an analysis using published data on the costs of HIV/AIDS to companies. The analysis indicates that the benefits to companies of investments in treatment and care are likely to exceed the costs for some existing interventions. Further work is needed to identify effective and affordable interventions, assess the benefits to companies of implementing the interventions, and bring these benefits to the attention of business and government leaders.

Rosen S, Vincent JR, Simon JL, Singh G & Thea DM (2000)

A model for assessing the costs of workforce HIV/AIDS

Harvard Institute for International Development, Harvard University, MA

As AIDS morbidity and mortality skyrockets in the countries of southern and eastern Africa, there is a great need for careful quantitative assessments of the workforce-related costs of HIV/AIDS to businesses. This paper presents an approach and methodology for carrying out the assessments. Because of the time gap between infection and symptoms, the discounted present value of incident HIV infection, not the current costs of prevalent infections, should be the unit of concern to companies. The impact of HIV/AIDS on the workforce can reduce a company's profits in two ways; increased expenditures and reduced revenues that are directly associated with an infected employee and replacement; or due to the spill over impacts of HIV/AIDS on the workforce as a whole.

Rosen, S (2000)

The economic impact of AIDS on South African businesses

Center for International Health (CIH) Boston University School of Public Health, MA

In collaboration with South African colleagues, the CIH is seeking South African businesses to collaborate in a study of the impact of HIV and AIDS on costs and productivity in the private sector. For participating companies, the study will provide a detailed estimate of the current and future costs of HIV infections and generate information that can be used to assess the benefits of HIV/AIDS policies and workplace programmes to prevent transmission of HIV. The confidentiality of the participating companies and their employees will be strictly protected.

Simon J, Rosen S, Whiteside A, Vincent JR & Thea DM (2000)

The response of African businesses to HIV/AIDS

In: HIV/AIDS in the Commonwealth 2000/1

Sub-Saharan Africa faces daunting economic and social challenges. Although a few countries posted economic gains and carried out multiparty elections, the 1990s were a period of slow economic growth. This paper provides an overview of responses.

Simon J, Thea DM, Rosen S, Vincent J & Singh G

Costs of HIV/AIDS in Company A's workforce

Power Point presentation, Harvard Institute for International Development, MA

HIV/AIDS cost Company A 7.2% of salaries in 1999 (present value of new infections) If HIV incidence falls as projected, present value will level out at 4% of salaries in 2005. The cost of one new HIV infection = 5-8 times annual salary.

Simon-Meyer J (2000)

AIDS Briefs for sectoral planners and managers: Construction sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The construction sector has the potential to be significantly impacted upon by the epidemic, and, in turn, to significantly impact upon the manner in which any country deals with an epidemic. The sector is volatile and highly sensitive to economic conditions. Operating margins are slim and the cost of either the unmitigated impact of the epidemic, or of intervention, will take its toll. The sector is also mobile, and will seek

international opportunities if necessary for survival. Any intervention must be pragmatic, given the cost and time restraints within daily operations.

Smart R (2000)

AIDS Briefs for sectoral planners and managers: Manufacturing sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The manufacturing sector is generally accepted as the most dynamic part of the industrial sector and a critical part of any country's economy (whether developed or developing). HIV/AIDS has the potential to threaten the manufacturing sector at numerous points and in multiple ways. To minimise the effects of the epidemic requires concerted and sustained efforts in areas not traditionally addressed by organisations, ie. efforts aimed at minimising workforce susceptibility and organisational vulnerability. Success will be linked to understanding the current and future profile of the epidemic, measuring its impact within the workplace and on markets, and pooling resources and working in partnership to minimise new infections and mitigate the inevitable results of the epidemic.

Smart R (2000)

AIDS Briefs for sectoral planners and managers: Mining sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The mining sector operates in a global market that is highly competitive and sensitive to fluctuating mineral prices. The sector's unique use of labour and style of operations are both linked to an increased risk of HIV transmission. Understanding these creates multiple opportunities for action to prevent new infections and to mitigate the effects of the epidemic. This paper contains a contextual discussion of the industry, an impact checklist and a sectoral response, including management strategies.

Smart R (2000)

AIDS care: Why and how should industry respond?

AIDS Analysis Africa, 10 (5):13-4

Decentralisation and integration of HIV/AIDS services offer the best chance of sustainability and cost-effectiveness. There is a need for comprehensive care through all stages of infection and across a continuum of care.

Smart R (1999)

HIV/AIDS in the workplace: Principles, planning, policy, programmes and project participation

AIDS Analysis Africa, 10 (1):5-6

The workplace is an appropriate and important setting for AIDS programmes because workers spend a significant amount of time at work. This article outlines the criteria for a successful HIV/AIDS/STD/TB programme for the workplace.

Smart R & Strode A (1999)

South African labour law and HIV/AIDS

AIDS Analysis Africa, 10 (3)

Organisations should review all workplace policies and practices and employment conditions to check for compliance with the legislation. These laws, codes, and rights pertain particularly to HIV testing, policy on occupational exposure and prophylaxis, and confidentiality of medical information. This paper provides an outline of laws and regulations impacting on the management of HIV/AIDS in the workplace, providing for the protection of the environment, employees and the public: South African labour legislation, legislation pertaining to medical insurance/benefits, international agreements and codes, and the Bill of Rights in the South African Constitution.

Smith A, Hoff I & Kruger S (1998)

Epidemiology of HIV prevalence in the workplace

12th International Conference on AIDS, Geneva

The education sector plays a key role in providing life-skills training for youth. AIDS impacts both on staff and students. While full involvement of the education sector is advocated, extensive work is required to achieve this. Description: The paper describes the Gauteng Department of Education's response to AIDS, based on a political mandate, advocacy from stakeholders and AIDS Impact Assessment. The response includes life-skills orientation and AIDS education, which is integrated into the new curriculum. A Schools AIDS Policy and the Workplace training programme are also being implemented. The department is a key player in the inter-sectoral AIDS programme at provincial and local levels. The process involved in achieving this is described. The teacher-training programme has been evaluated and will be presented. Systems are being developed to monitor and evaluate the impact on learners. Conclusion: The Department of Education has integrated AIDS into its

departmental strategy and plans at a high level. Implementation of several components is well-developed. The key challenges it faces are to reduce the risk of HIV infection of youth and support the increasing number of both teachers and learners affected by AIDS.

Smith J & Whiteside A (1995)

The Socio-economic impact of HIV/AIDS on Zambian business: Report for the BEAD and CDC

Commonwealth Development Corporation, London

Strachan K & Clarke E (2000)

Everybody's business

Metropolitan Group, SA

Thea D, Simon J, Rosen S, Vincent J & Singh G (2000)

Economic impact of AIDS on developing country firms - A methodological approach

13th International AIDS Conference, Durban

The impact on companies of HIV in the workforce in developing nations is not well understood. Few attempts have been made to quantify the effects of HIV/AIDS morbidity and mortality on the profitability of private sector firms; most were done early in the epidemic and were based largely on interview data. Two models are presented that have been developed to assess the costs to companies of AIDS among employees. The first, a chronological model, is designed to demonstrate the types and sequence of workforce costs that AIDS is likely to impose on a company. The second model reconfigures the costs into discrete categories that can be readily measured using routinely collected human resources and financial data. The models account for three kinds of costs: 1) direct or out-of-pocket costs, such as employee benefits and training; 2) indirect productivity costs, such as absenteeism and the loss of productivity experienced by sick workers; and 3) immeasurable but potentially important effects on the morale, motivation, experience, and performance of the entire workforce. To estimate the future costs of AIDS, three critical pieces of information are critical to the analysis: 1) HIV/AIDS prevalence, morbidity, and mortality; 2) a detailed demographic projection of the workforce, because HIV infection rates tend to vary with age, sex, race, location within the country, and job level; and 3) identification of critical positions or skills within the firm that are vital to a company's production process, such that production will cease or be significantly slowed if the positions are vacant or skills are not available. The analytical approach provides business managers, researchers, and policy makers with a tool that will enable them to more accurately understand the relative impact AIDS has on different production units within a company and improve both companies' and governments' strategic planning capabilities.

UNAIDS (1998)

Corporate planning for prevention and mitigation of HIV/AIDS

UNAIDS, paper prepared for UNAIDS consultation on workplace actions for HIV/AIDS in East and Southern Africa

UNAIDS (1998)

HIV/AIDS and the workplace: Forging innovative business responses

UNAIDS, Geneva

USAID (2000)

The HIV/AIDS Crisis: How are African businesses responding?

International AIDS Trust & Population, Health and Nutrition Information Project, Washington DC

USAID (2001)

The HIV/AIDS Crisis: How does HIV/AIDS affect African businesses?

Policy Project & Population, Health and Nutrition Information Project. Washington DC

Whiteside A (2000)

AIDS and the private sector

AIDS Analysis Africa, 10 (5)

Whiteside A (1993)

The impact of AIDS on industry in Zimbabwe

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Williams B & Campbell C (1998)

Creating alliances for disease management in industrial settings: A case study of HIV/AIDS in workers in South African gold mines

International Journal of Occupational and Environmental Health, 4 (4):257-64

Williams B & Campbell C (1996)

HIV/AIDS management in South Africa: Priorities for the mining industry

Epidemiology Research Unit, Johannesburg

Williams B & Campbell C (1998)

HIV/AIDS: Policy and practice in the South African mining sector

AIDS Bulletin, 6 (1-2):45-6

South Africa's mining sector employs approximately 350 000 people, mainly migrant workers. While the major mining houses are committed to fighting HIV and have provided information and education on HIV, there has been little evidence of significant behavioural change. A need exists to go beyond traditional, information-based approaches and develop innovative interventions at the biomedical and social levels. More participatory programmes are needed. Mine-based programmes will succeed only if they are integrated with programmes which address the needs of the broader communities within which the mines operate. Industry, unions, state health services, research institutes, and local community organisations must therefore be actively involved in, and have co-ownership of, the programmes. The syndromic management of STDs is already being implemented in many mine and provincial health clinics, and condoms are provided free by the mines. Peer education and counselling, and evaluation are discussed.

Williams B, Campbell C & MacPhail C (1999)

The Carletonville pilot survey. In: Managing HIV/AIDS in South Africa: Lessons from industrial settings

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

Williams BG, MacPhail C, Campbell C, Taljaard D, Gouws E, Moema S, Mzaidume Z & Rasego B (2000)

The Carletonville-Mothusimpilo Project: limiting transmission of HIV through community-based interventions

CSIR Miningtek, 96 (6)

In this paper we describe an extensive, community-led, intervention designed to develop ways to manage and limit the spread of HIV in Carletonville, the largest gold-mining complex in the world. We first consider the political and economic context within which earlier attempts to develop HIV intervention programmes were made and then show how the Carletonville project was designed to go beyond these early attempts and avoid some of the pitfalls encountered then.

Aggleton P & Bertozzi M (1997)

Report from a consultation on the socioeconomic impact of HIV/AIDS on households

WHO and UNAIDS, Geneva

Agyarko R & Kowal P (2000)

Older people, children and the HIV/AIDS nexus

13th International AIDS Conference, Durban

The increasing numbers of AIDS orphans worldwide has had far-reaching societal, economic and psychological implications. The loss of the economically active population places an enormous burden on especially older women. The WHO plans to improve the capacity of older people as assets in the provision of support to children orphaned by AIDS. WHO's interventions include: Making older people aware of the mechanisms of HIV transmission and care practices; providing older people with the knowledge to impart HIV/AIDS education to children; facilitating the formation of support groups of community and older people; facilitating the identification of channels and resources to support the wellbeing of such older people. These are achieved through developing partnerships both at the community and national levels to ensure that older people's wellbeing is maintained and they remain assets in the care and support of HIV/AIDS patients and their orphans. The success of these interventions depend on older people playing a key role in the planning and implementation of community-based strategies and programmes that support their role as the surrogate parents.

Ainsworth M & Dayton J (2001)

The impact of the AIDS epidemic on the health of the elderly in Tanzania

World Bank, USAID and Danida, Washington DC

Ali S (1998)

Community perceptions of orphan care in Malawi

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg

This paper reviews community perceptions of orphan care. The author finds that community participation is vital, and that the extended family can absorb orphans if community efforts are employed to lessen the financial strains on the family.

Aspaas HR (2000)

AIDS and orphans in Uganda: A geographical and gender interpretation of household resources

In: Conference Report: The socio-demographic impact of AIDS in Africa. Committee on AIDS of the International Union for the Scientific Study of Population (IUSSP), Liege and HEARD, University of Natal, Durban

Ayieko MA (1997)

From single parents to child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya Districts

United Nations Development Programme (UNDP), Geneva

Baier EG (1997)

The impact of HIV/AIDS on rural households and communities and the need for multisectoral prevention and mitigations strategies to combat the epidemic in rural areas

FAO, Rome

The FAO perceives the HIV/AIDS epidemic as a development problem of critical importance, rather than simply a health issue. It initiated a detailed sectoral analysis of the socioeconomic impact of HIV/AIDS on rural economies. There is consensus that the HIV/AIDS epidemic will not be contained as long as it is regarded as only a health sector issue and not placed within the overall context of development. In view of the rapid spread of the HIV/AIDS epidemic in rural areas, especially in sub-Saharan Africa, socioeconomic and cultural research needs to be conducted on the impact of the disease on agricultural production systems, household food security, traditional coping mechanisms, etc to enable the development of appropriate prevention and mitigation strategies. Suggestions include: research into the location-specific agricultural impact of the disease is necessary; agricultural education and training policies need to take account of the gender implications and

the socioeconomic impact of the epidemic on rural households/communities; national AIDS control programmes should advocate enactment/enforcement of legal reforms to protect vulnerable groups, especially HIV/AIDS widows and orphans, focusing on land tenure, inheritance, access to assistance and inputs; specific population groups most affected by the disease must be targeted for education, training and assistance; development agencies, especially agricultural extension and relevant NGOs, need to take account of the implications of HIV/AIDS in all their outreach activities; rural households and communities develop and adapt their own coping mechanisms. Agricultural extension programmes in collaboration with other agencies and NGOs should support and assist this process. Improvement in women's social and economic status is a crucial step for increasing their ability to protect themselves and their families and children from the epidemic. Gender-sensitive agricultural extension programmes can make an important contribution in this regard.

Barnett T (1999)

AIDS and African smallholder agriculture

SAfAIDS, Harare

Barnett T (2000)

AIDS Briefs for sectoral planners and managers: Subsistence agriculture sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

Subsistence agriculture consists of a range of rural livelihood strategies. These strategies may increase susceptibility to HIV infection (for example through seasonal labour migration or through trading activities) and this group are particularly vulnerable to the impact of AIDS (for example through disruption of the domestic-farm labour interface). Responses must take account of general development problems and seek to enhance existing household and community coping mechanisms.

Barrett K (1998)

The rights of children: Raising the orphan generation

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg

Baylies C (2000)

The impact of HIV on family size preference in Zambia

Reprod Health Matters, 8 (15):77-86

This paper examines the way in which concerns about HIV infection are affecting thinking in Zambia about preferred number of children. It draws on research on the impact of HIV/AIDS in peri-urban and rural households in 1995, based mainly on in-depth interviews with 65 of 300 people who were initially surveyed. In spite of high levels of anxiety about AIDS in these communities, risk from HIV was not always associated with the act of conceiving children, nor did this association necessarily influence actual behaviour or family size preferences. In some cases, however, the threat of contracting HIV had led to a decision to have fewer children. Many also worried about leaving orphans for others to look after and the costs that might be incurred in taking over the care of orphans left by others. A related reason for limiting fertility was the hope that orphaned children would be better cared for if there were fewer of them. Greater access to contraceptives, and specifically to condoms, is an important element in supporting women's efforts to protect themselves, and men also need to be involved in strategies for mutual protection. In both communities, however, there was a shared sense of limited control, not just over fertility, but also over the wider economic and health environment. An understanding of the complexity of these factors is essential for intervention programmes intended to enhance women's reproductive rights and support their fertility choices so as to ensure greater protection against HIV/AIDS.

Bertozzi SM, Schopper D., Mikton C (1997)

Report from a consultation on the socio-economic impact of HIV/AIDS on households

UNAIDS/WHO, Geneva

AIDS has emerged as one of the most serious diseases facing the developing world, with consequences that reach far beyond the health sector. In many societies, it is becoming clear that HIV and AIDS have substantial economic and social impact on individuals, on families and households, on communities and groups and on society as a whole. To date, relatively little has been published on the socio-economic impact of HIV/AIDS on households and communities in developing countries. Empirical information is scarce or of variable quality, and results from the first systematic studies examining the socio-economic impact on HIV/AIDS in developing countries are only just becoming available. The consultation to which this report relates was organised in September 1995 by WHO/GPA following the 3rd International Conference on AIDS in Asia and the Pacific in Chiangmai to provide an opportunity for selected researchers to present and discuss the first results of studies in this area.

Brink P (1998)

Adoption practice in the AIDS era: A South African perspective

Raising the Orphan Generation Conference, Pietermaritzburg

Adoption as a model of care for children who cannot be cared for by their families of origin has unique advantages. However, the current South African adoption system is regarded as inadequate for children expected to require parental care as a consequence of the AIDS epidemic. This paper is an attempt to discuss some of the complex factors associated with the development of a South African model of adoption that could meet the needs of an increasing number available for adoptive placement.

Brock K (2000)

An introduction for participatory poverty assessment: Information pack

Institute of Development Studies, University of Sussex, UK

Brock K (1999)

It's not only wealth that matters – it's peace of mind too: A review of participatory work on poverty and ill being

In: World Bank, 1999, *Voices of the Poor*, World Bank, New York

Caldwell J, Caldwell P, Ankrah M, Anarfi JK, Agyeman DK, Awusabo-Asare K & Orubuloye IO (1993)

African families and AIDS: Context, reactions and potential interventions

Health Transition Review 3 (Suppl):1-16

This paper reviews publications and research reports on how sub-Saharan African families have been affected by, and reacted to, the AIDS epidemic. The nature of the African family and its variation across the regions is shown to be basic to both an understanding of how the epidemic spread and of its impact. The volume of good social science research undertaken until now on the disease in Africa is shown to be extremely small relative to the need.

Centre for Micro-finance (2000)

Micro-finance and HIV/AIDS partnership building: A concept paper

Centre for Micro-finance: Kathmandu

The Centre for Micro-finance started working on this issue and initiated a consultative process with partner MFIs as well as HIV-NGOs in Nepal so as to help the Micro-finance sector develop strategies to face the challenges posed by the HIV/AIDS epidemic to the Micro-finance institutions and their clients, in collaboration with the NGOs working on HIV/AIDS. This pilot process is aimed at building partnerships between MFIs and NGOs working on HIV/AIDS so as to address the issues collectively.

Churchill C (1984)

Case studies in microfinance South Africa

Get Ahead Foundation (GAF), Johannesburg

This paper first briefly outlines some of GAF's numerous activities during the past decade. These diverse projects reflect a donor-driven approach to development that was common among South African NGOs during apartheid. The end of apartheid in 1994 precipitated changes in donor priorities, and indirectly caused Get Ahead to change its methods.

De Culpa J (1999)

AIDS orphans study

National Public Radio Correspondent Report 8

It's estimated that by the end of the year 2000, there will be 13 million children who have become orphans due to AIDS: 95% of them are expected to be in sub-Saharan Africa. V-O-A's Joe De Capua reports on how the problem is affecting one African country, Zambia.

Department of Health (2000)

HIV/AIDS policy guideline: Managing HIV in children

Department of Health, Pretoria

Comprehensive HIV care for children includes nutritional support, immunisation (except for TB), treatment of common clinical problems, and prophylaxis for common and severe infections.

Department of Social Development (2000)

A draft national strategic framework for children infected and affected by HIV/AIDS

Department of Social Development, Pretoria

Desmond C, Michael K & Gow J (2000)

The hidden battle: HIV/AIDS in the household and community

South African Journal of International Affairs 7 (2):39-58

The AIDS epidemic will cause significant increases in illness and death in prime-age adults, which will manifest itself through negative social, economic and developmental impacts. The epidemics's economic impacts at the household level are decreased income, increased health-care costs, decreased productive capacity and changing expenditure patterns. Three coping strategies are observed: altering household composition; withdrawing savings or selling assets; and receiving assistance from other households. Following death, the impacts break out of the family into the community, primarily through orphaning. In the near future, the sheer number of orphans may overwhelm the capacity of existing community resources to cope. The distribution of the impacts of the AIDS epidemic falls unevenly among the genders. In Africa, women have higher infection rates and bear a disproportionate burden of the care of HIV-positive people. Orphaned girls are more vulnerable to exploitation.

Dijkstra L (1997)

Suffer the little children: Conviction or compassion? Hospice care for HIV orphans in a rural area of KwaZulu-Natal

AIDS Bulletin 6 (1-2):39-40

Donahue J (1998)

Community-based economic support for households affected by HIV/AIDS

Discussion paper on HIV/AIDS care and support # 6. Arlington, VA: Health Technical Services (HTS) Project, for USAID

This report is part of a series of papers on HIV/AIDS care and support. It was written, edited, and produced by the HTS Project of TvT Associates and The Pragma Corporation for the HIV/AIDS Division of USAID. The opinions expressed in the document are those of the authors and do not necessarily reflect the views of TvT, Pragma, or USAID.

Donahue J (2000)

Microfinance and HIV/AIDS: It's time to talk

Displaced Children's and Orphans Fund, USAID, Washington DC

The consequences of HIV/AIDS in Africa are unprecedented and far-reaching. For many families, concerns about sliding into poverty subsume the other effects of HIV/AIDS. Income and savings become crucial weapons against the impact of HIV/AIDS as households struggle to build and protect their income resources. Microfinance services can help families increase their income and build their savings. However, from most microfinance institutions the impact of HIV/AIDS on their clients and on the institution is an emerging issue. Innovations are vital for the good of clients and institutions. Three areas should form the basis of innovation: developing new products and services; watching the bottom line; and fostering strategic alliances with HIV/AIDS organisations.

Donahue J & Williamson J (1999)

Community mobilisation to mitigate the impacts of HIV AIDS

Displaced Children's and Orphans Fund, USAID, Washington DC

Provides an overview of a range of programmes in African countries, and identifies processes contributing to effective strategies.

Du Guerny J (1998)

Rural children living in farm system affected by HIV/AIDS: Some issues for the rights of the child on the basis of FAO studies in Africa

Population Programme Service and FAO Focal Point on AIDS, Geneva

Recognising that in all countries of the world, there are children living in exceptionally difficult conditions, and that such children need special consideration.

Food and Agriculture Organisation (FAO) (1998)

HIV/AIDS and agriculture: A FAO perspective

Food and Agriculture Organisation (FAO), Geneva

Foster G (1997)

Children rearing children: A study of child-headed households

In: The socio-demographic impact of AIDS in Africa

Communities with high rates of HIV infection are experiencing a rapid increase in the number of children being orphaned. The AIDS epidemic is reducing the proportion of young adults in the population and the incomes in AIDS-affected households. Changes are therefore taking place in care-giving arrangements for affected children. An increasing proportion of orphans in several countries are now being cared for by the elderly and the very young, with some households headed by children as young as 10-12 years old. Once CHHs begin to appear in communities, their prevalence and proportion will likely increase as the AIDS epidemic generates orphans at an increasing rate. The causes of CHHs, problems associated with CHHs, coping and survival mechanisms, and the need for community-based support initiatives are discussed.

Fox S (2001)

Investing in our Future: Psychological Support for Children Affected by HIV/AIDS: A case study in Zimbabwe and the United Republic of Tanzania. (UNAIDS Best Practice Collection: Case Study)

UNAIDS, Geneva

The guidelines published here were adopted at the Second International Consultation on HIV/AIDS and Human Rights, held in Geneva from 23 to 25 September 1996, and organised jointly by UNAIDS and the UN High Commissioner for Human Rights (OHCHR). They were created to assist states in creating a positive, rights-based response to HIV/AIDS that is effective in reducing the transmission and impact of HIV/AIDS and consistent with human rights and fundamental freedoms.

Gautier A & Pilon M (1997)

The families of the south/Families du sud

Institut Francais de Recherche Scientifique pour e Developpement en Cooperation [ORSTOM]

This issue contains a selection of papers on the changes affecting families in developing countries. These include economic and cultural changes, political changes, migration, policies of structural adjustment, and AIDS, all of which have affected the traditional family. There are papers on Mumbai, India; Hanoi, Vietnam; Samoa; Mexican families in the United States; Peru; Abidjan, Ivory Coast; Mali; and sub-Saharan Africa in general.

Gilborn ZL, Nyonyintono R, Kabumbuli R, Wadda JG (2001)

Making a difference for children affected by AIDS: Baseline findings from operations research in Uganda

Population Council, New York

Many organisations provide support services to children affected by AIDS in East and Southern Africa. Yet few of these programmes have been evaluated. In Uganda, PLAN International, Makerere University, and the Horizons Program are collaborating on a study to assess the impact of an orphan support programme on the physical, educational, and emotional wellbeing of children. The researchers are also studying a different programme, called succession planning, in which children are reached before the death of the parent. This intervention includes helping parents to write wills and appoint guardians, creating family memory books, and other activities that promote the long-term wellbeing of children. The baseline sample includes 353 parents who are HIV-positive, 495 children of people living with HIV/AIDS (PLHA), 233 orphans, and 326 current and standby guardians.

Gillespie S (1989)

Potential impact of AIDS on farming systems: A case study from Rwanda

FAO, Rome

In December 2001, the Population Service published Potential impact of AIDS on farming systems: A case study from Rwanda. This is one of the first studies commissioned by FAO on the impact of HIV/AIDS. It was carried out in 1988, but its results and conclusions remain valid, although current prevalence rates and numbers of infected persons vastly surpass the WHO estimates of the time. Dr Stuart Gillespie, a former Research Fellow at the Centre for Human Nutrition of the London School of Hygiene and Tropical Medicine currently at the International Food Policy Research Institute (IFPRI) in Washington, DC assesses the potential impact of AIDS on farming systems in one Central African country – Rwanda. Two epidemiologically based projection models of the spread of HIV/AIDS are used to predict the proportion of households losing a productive individual over the next 10 years. The projected AIDS mortality rates of different age-sex groups are then related to different levels, type and timing of their respective labour inputs in each type of farming system. Five farming systems

within Rwanda are subsequently ranked with respect to their relative sensitivities to the loss of labour through AIDS mortality.

Goudge J & Govender V (2000)

A review of experience concerning household ability to cope with resource demands of ill health and health care utilisation

Regional Network for Equity in Health in Southern Africa (Equinet) and Training and Research Support Centre (Tarsc), Harare

Policy has generally been ineffective in reaching the poor who have substantial problems accessing health care. The links between poverty and ill health are examined. There is a need to take a holistic view of poor households and to design health provision and financing mechanisms in order to understand the responses to ill health.

Haile B (2000)

Affordability of home-based care for HIV/AIDS

South African Medical Journal 90 (7):690-1

Halkett R (1998)

Enhancing the quality of life for children without parents in the South African context

Southern African conference on Raising the Orphan Generation, Pietermaritzburg

This paper reviews literature on orphan care and additional care options in the context of the Child Welfare movement.

Harber M (1998)

Developing a community-based AIDS orphan project: A South African case study

Southern African conference on raising the orphan generation, Pietermaritzburg

This paper describes the development of an AIDS orphans project under the auspices of the Thandanani Association. The complexity of setting up a community-based project is noted to be a slow process, which contrasts strongly with the rapidly developing AIDS epidemic. The importance of support to women is noted – particularly access to credit and reducing demands on women's labour.

Herz AM, Kasiyamhuru J, Martin-Herz SP, Powell G, Herz DM, Kanhema N & Herz HA (2000)

Zimbabwe AIDS orphan projects funded through privately organised Shona stone sculpture 'cultural diplomacy'

13th International AIDS Conference, Durban

The AIDS crisis in Zimbabwe is creating an overwhelming orphan tragedy. New projects can be initiated with foreign financial assistance, but private individuals in countries of the developed world feel far removed from this African crisis. Donor fatigue may be widespread due to a commonly distorted image of sub-Saharan Africa as a hopeless world of war and disease solely reliant on foreign aid. In sharp contrast, however, the Western art world highly values many Zimbabwean Shona stone sculptors for their contributions to modern art. Individual, private efforts identified two grassroots programmes in Zimbabwe presently in need of outside financial assistance: Vimbainesu, a small, African model orphanage caring for orphans on rural communal land requires short-term financial assistance and the Child Protection Society, which needed funds to pay annual school fees for growing numbers of children without sufficient family financial support to attend primary school. Due to the economic disparity between the Zimbabwean economy and the prices Shona stone sculptures can achieve in Western markets, a programme was developed to export sculptures for sale abroad. This resulted in multiple benefits: supporting local Zimbabwean artists, broadening appreciation of modern African culture, while exposing a new audience to the current Zimbabwean orphan tragedy. Donor response thus far has been overwhelming, creating the prospect of sustainable support for AIDS orphans in Zimbabwe. It can be concluded that using a fair-trade concept, highly valued Shona stone sculptures produce financial resources for Zimbabwean AIDS orphan projects. More importantly, they create an environment of mutual cultural respect that provides the basis for collaboration between Zimbabwean sculptors, individual financial supporters of two fundraising foundations (in Germany and the United States), and the Child Protection Society. Together they are supporting children orphaned by AIDS in Zimbabwe.

Hunter S (1998)

Children on the brink

Raising the orphan generation, CINDI Conference, Pietermaritzburg

Briefly presents the projections contained in 'Children on the brink', which gives the dimensions of the problem and takes a look at what has been learned from visiting different countries.

Hunter S & Williamson J (2000)

Responding to the needs of children orphaned by HIV/AIDS

The Synergy Project, Discussion Paper # 7, HIV/AIDS Division of USAID, Washington DC

The growing number of orphans in countries hard-hit by HIV/AIDS suffer a variety of deprivations and vulnerabilities. These include the loss of their families, depression, increased malnutrition, lack of immunisations or health care, increased demands for labour, lack of schooling, loss of inheritance, forced migration, homelessness, vagrancy, starvation, crime and increased exposure to HIV infection. Given the scale of the problems, the first line of response from the affected children, families and communities will be insufficient. Recent experience suggests that five basic intervention strategies can help maximise the impact of local, community-based responses: strengthening the capacity of families to cope with their problems; stimulating and strengthening community-based responses; ensuring that governments protect the most vulnerable children; building the capacities of children to support themselves; and creating an enabling environment for the development of appropriate responses.

Jackson H & Mhambi K (1992)

AIDS home care: A baseline survey in Zimbabwe

Research Series # 3, Research Unit, School of Social Work, Harare, Zimbabwe

This research reviews organisational responses to AIDS home care. A common finding was that poverty is the primary concern of patient and family, and that home care must involve the provision of basic food, medication and possibly money for essentials. Funds tend to be allocated to training of health care workers, but lesser amounts are devoted to programme implementation and basic welfare needs. The most effective schemes tended to be ones in which home care providers were involved in planning and establishment of services. Care programmes incorporating existing staff in hospitals fared less well.

Janjaroen W (1997)

The impact of AIDS on household composition and consumption in Thailand

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

The data used in this paper were generations from research on the economic impact of HIV/AIDS mortality on households in Thailand.

Kabale J (1998)

Government policies and practices on AIDS orphans in Rwanda

Raising the orphan generation, CINDI Conference, Pietermaritzburg

Kalibala S (2000)

The role of the family in HIV prevention

Population Council, New York

The family is the closest social network to which an individual belongs. The so-called nuclear family is supposed to consist of parents and their children. However, in some communities such as Africans and Asians, the family is more likely than not to include uncles, aunts, cousins, nephews, nieces, grandparents and other close relatives. This traditional extended family has always been relied upon as the safety net for handling social ills. However, the needs and suffering caused by the epidemic have proved that this safety net can no longer hold. The AIDS epidemic has also shown that one's family stretches far and beyond blood relations. The traditional family is withering away in Africa just when its caring influence is most needed to confront the calamity of the AIDS epidemic. The family has a great influence on how an individual responds to the epidemic. They are instrumental in the lessening or increasing the vulnerability of an individual due to HIV/AIDS. They can reject an individual who is known to practice behaviours that put them at risk of HIV, such as a commercial sex worker or IDU or one who is known or suspected to be already living with the virus. On the other hand, a good family can support such an individual and hence help to reduce their vulnerability to HIV and its associated physical and social ills.

Kalipeni E (2000)

Africa: A comparative and vulnerability perspective

Social Science and Medicine 50 (7-8):965-83

Using a vulnerability and comparative perspective, this paper examines the status of health in southern Africa highlighting the complex disease and some of the factors for the deteriorating health conditions. It is argued that aggregate social and health care indicators for the region such as life expectancy and infant mortality rates often mask regional variations and intra-country inequalities. Furthermore, the optimistic projections of a decade ago about dramatic increases in life expectancy and declines in infant mortality rates seem to have been completely out of line given the current and anticipated devastating effects of the HIV/AIDS pandemic in southern Africa. The central argument is that countries experiencing political and/or economic instability have

been more vulnerable to the spread of diseases such as HIV/AIDS and the collapse of their health care systems. Similarly, vulnerable social groups such as commercial sex workers and women have been hit hardest by the deteriorating health care conditions and the spread of HIV/AIDS. The paper offers a detailed discussion of several interrelated themes which, through the lens of vulnerability theory, examine the deteriorating health care conditions, disease and mortality, the HIV/AIDS situation and the role of structural adjustment in the provision of health care. The paper concludes by noting that the key to a more equitable and healthy future seems to lie squarely with increased levels of gender empowerment.

Kezaala R (1998)

Raising the orphan generation: Sub-regional policy perspective

Raising the orphan generation, CINDI Conference, Pietermaritzburg

Kezaala R (1998)

The practicalities of orphan support in East and Southern Africa: Planning and implementation of multi-sectoral social services for children and child carers

Raising the orphan generation, CINDI Conference, Pietermaritzburg

This paper examines the practicalities of caring for orphans in East and Southern Africa, highlighting the issues, ideas and experiences in responding to the challenges, particularly in Uganda, Tanzania, Zambia, Malawi and Zimbabwe, with a view to guiding policy direction. There is a need to document where the most vulnerable orphans are likely to be. There is a multiplicity of considerations for raising the available income for families taking in orphans. The role of private sector partnerships should be explored. With regard to psychological support to orphans, expert care will not be accessible, hence there is a need for training of volunteers and extension workers to fill this gap.

Khonyongwa L (1998)

Children and families affected by HIV/AIDS: A community-based income generation project with a focus on needy children in Malawi

Raising the orphan generation, CINDI conference, Pietermaritzburg

The care of orphans and families taking care of the chronically ill calls for immediate community action. This burden compounded with high poverty levels means that coping mechanisms of families and communities are impaired. ActionAid and UNICEF undertook a pilot project to strengthen families and community coping capacities through income generating activities with a focus on vulnerable children and families. The programme demonstrated the benefits of community participation in saving schemes, and there were significant benefits in the area of food intake, purchase of clothing and support to orphans.

Knodel J & Chayovan N (2000)

Sexual activity among the older population in Thailand: Evidence from a nationally representative survey

Population Studies Center, University of Michigan, USA, Research Report # 00-445

This study examines sexual activity among the population aged 50 and over in Thailand in relation to age, gender and health status. It is the first study of older persons based on a large nationally representative survey in any non-Western or developing country. The results indicate that substantial proportions of older married Thais remain sexually active, although at levels lower than found among older persons in Western countries. Sexual activity and desire decline steadily with age for both married men and women but at any given age both are lower for women. Overall, the sexual desire of husbands is a far more important determinant of sexual activity within marriage than that of wives. Poor health depresses activity and desire but cannot account for the decline of either with age. Comparisons of sexual desire and activity reveal that for the majority of older married Thai men and women behaviour and desires are concordant. Levels of discordance are higher for married women, however, and arise primarily from being active but lacking desire. Possible reasons for the low activity levels relative to Western countries are considered, as are the implications for the AIDS epidemic and discussions of the quality of life of older persons.

Knodel J, Van Landingham M, Saengtienchai C & Imem W (2000)

Older people and AIDS: Quantitative evidence of the impact in Thailand

Population Studies Center, University of Michigan, USA, Research Report # 00-443

Discussions of the AIDS epidemic rarely consider the impact on older persons and when they do, focus is typically on those who are infected themselves. Virtually no systematic quantitative assessments exist of the involvement of parents or other older generation relatives in the living and caretaking arrangements of persons with AIDS in either the West or the developing world. In this paper, the authors assess the extent of such types of involvement in Thailand and examine the parental characteristics associated with them. Interviews with local key informants in the public health system in an extensive sample of rural and urban communities provided quantitative information on a total of 963 adult cases who either had died of AIDS or were currently symptomatic. The results indicate that a substantial proportion of persons with AIDS move back to their

communities of origin at some stage of the illness. Two-thirds of the adults who died of AIDS either lived with or adjacent to a parent by the terminal stage of illness and a parent, usually the mother, acted as a main caregiver for about half. For 70%, either a parent or other older generation relative provided at least some care. The vast majority of the parents were age 50 or more and many were age 60 or older. This extent of older generation involvement appears to be far greater than in Western countries such as the US. The authors interpret the difference as reflecting the contrasting epidemiological and socio-cultural situations in Thailand and the West. The fact that older people in Thailand, and probably many other developing countries, are extensively impacted by the AIDS epidemic through their involvement with their infected adult children has important implications for public health programmes that address caretaker education and social and economic support.

Kongsin S, Sirinirund P, Jiamton S, Boonthum A & Watts C (2000)

The economic impact of HIV/AIDS on households in rural Thailand: The analysis of household coping strategies

13th International AIDS Conference, Durban

The purpose of this study was to conduct a comparative analysis of households affected and not affected by chronic HIV morbidity, and between affected households within communities with different levels of available services in order to further understand household's coping strategies in the presence of chronic HIV morbidity in their family. To cope with the situation, households used various strategies. Each strategy had an impact on welfare of the households at different degree level. These strategies include reduction of household consumption, reallocation of labour, dissaving, withdrawing children from school, depending on an extended family system and the community to support and help them cope. The income of household case descended by 70.7%. Accordingly, the total income per capita and total consumption per capita descended by 68.4% and 43.5% respectively. To ensure that households maintained consumption level, their first coping strategy was to utilise their savings. When savings have decreased, households took out loans. Households incurred a per capita loan of 28.4% and per capita debt of 118% with respect to total household income per capita. Simulation has shown the high level of dissaving and percentage of the total health care expenditure with respect to income per capita, which indicated the possibility of HIV/AIDS households entering into poverty was high and actions should be taken to avoid it. To help reduce the adverse effects of HIV/AIDS illness on the poor households, special assistance programmes were recommended which include food, clothing and cash transfer, credit fund, schooling subsidies for children, community care for sustainable activities and human rights protection for the infected.

Krift T & Phiri S (1998)

Developing a strategy to strengthen community capacity to assist HIV/AIDS affected children and families: The COPE programme of the Save the Children Federation in Malawi

Raising the orphan generation, CINDI conference, Pietermaritzburg

This paper reviews community-based responses to orphan care. It notes the strains on community coping methods. A range of observations are made including the generalisation of community support initiatives to include both families that are not directly affected by HIV/AIDS.

Kwaramba P (1998)

The socioeconomic impact of HIV/AIDS on communal agriculture systems in Zimbabwe

Working Paper 19, Economic Advisory Project, Frederick Ebert Stiftung, Harare, Zimbabwe

Lamont GJ (1998)

Creating community workers for under resourced nations using income generation programmes as subsidies to increase staff team

12th International AIDS Conference, Geneva

Wola Nani a caring response to AIDS operates by providing counselling services and family and community support programmes in so called poorer areas of South Africa including 'townships'. With the current rise in infections being paralleled with the reduction of available funding for programmes Wola Nani increases staff compliment by creating sustainable job creation programmes. Selected staff at each centre are offered income generation facilities in response to a contracted period of community work. For example, 15 hours work per week on an income generation programme may yield US\$100 per month. In response to access to income generation programmes client puts back 12 hours per week to the agency for counselling programmes. These subsidised staff operate in clinics and move from clinic to community for follow up of families affected by HIV providing primary health care advice and counselling as well as support in treatment and prevention programmes. Linked to the income generation programme is a strategic marketing strategy for goods to sustain the programme. Wola Nani presents a workshop on strategic income generation subsidies for increasing staff compliment and a slide and poster display of the overall strategy for developing such a programme.

Levine C & Foster F (eds) (2001)

The orphan generation: The global legacy of the AIDS epidemic

Cambridge University Press, Cambridge

Lundberg M & Over M (2000)

Transfers and household welfare in Kagera

IAEN Conference, Durban

This paper explores one of the mechanisms by which households deal with a death. The evidence shows clearly that some households fare much worse than others. But that observation itself motivates the key question: why do some households manage better than others? Own wealth, and the ability to self-insure, appears to be part of the answer. Although this analysis has only made oblique reference to it, it is clear that not all households need assistance. Similarly, it appears that wealthy households are wealthy not only in physical and human assets, but also in 'social' assets, or social capital. They have a larger, broader, and presumably wealthier network of friends and relatives on whom they can depend in times of crisis. They are more likely to receive assistance, and they receive more assistance, than poorer households. In an environment of incomplete and unenforceable contracts, a larger social network provides greater resources for common risk-pooling. Those outside the network, in this case the poor, can only have access to the risk-pooling resources through formal credit contracts. While some leakage is necessary to maintain wider political acceptance of assistance programmes, indiscriminate provision of assistance is both fiscally irresponsible and socially inefficient. It is preferable to focus attention to those who are unable to self-insure.

Lundberg M, Over M and Mujinja P (2000)

Sources of financial assistance for households suffering and adult death in Kagera, Tanzania

The South African Journal of Economics

This paper examines some of the ways in which households respond to tragedy. Using a panel dataset from the Kagera region of western Tanzania, the authors examine household responses to death – with a special focus on the ravages of HIV/AIDS. The ability to cope means ensuring not only the welfare of household members around the time of the death, but also their wellbeing in the future. While death is among the most severe traumas that can visit a household, some are able to overcome even this crisis.

Lurie M (1999)

Seeing the whole picture

AIDS Action 6 (44)

The Hlabisa project based in northern KwaZulu-Natal, South Africa, studied the prevalence of HIV and STDs in migrant and non-migrant couples. The study participants were screened for HIV and STDs, counselled, and given health education. The findings show that migrant couples have a much higher HIV discordance and prevalence than non-migrant couples. However, according to the findings, only women were HIV positive, while their migrant partners were HIV negative. Thus, all migrants and their partners were treated for STDs and given health education. Access to health services is crucial, as is creating sustainable rural development programmes that offer local employment.

Lyons M (1998)

The impact of HIV and AIDS on children, families and communities: Risks and realities of childhood during the HIV epidemic

Issues Paper 30, UNDP, Geneva

The roles that children fill as poor, hungry, exploited and abused human beings increase their vulnerability to HIV. Poverty is a leading promoter of HIV/AIDS. Children are occupying adult roles, working to maintain home and family, failing to meet the goals of childhood. Even when adults intervene and take responsibility for children who are left without parents or guardians because of HIV/AIDS, it cannot always be assumed that children benefit. Solutions that address this include: protecting wellbeing by the elimination of conditions which nurture and strengthen the hold of HIV/AIDS on individuals and communities.

Mamari R & Rasoamanarivo R (1997)

UNDP microfinance assessment report: South Africa

Prepared as a component of the Microstart Feasibility Mission, UNDP, Geneva

This report discusses the practical issues involved in microfinance services in South Africa. Existing programmes indicate a wide acceptance of group lending, and considerable local expertise. Reviews various microfinance programmes.

Marcus T (2000)

Crafting in the context of AIDS and rural poverty: a livelihood strategy with prospects

Transformation 44

Tessa Marcus highlights the marginalised but important role of women crafters who live in the shadow of AIDS in the Kwa-Zulu-Natal Midlands.

Mburu B (2000)

Integrating PLWA in the community through training and financial support

13th International AIDS Conference, Durban

There is growing evidence that poverty, the spread and impact of AIDS are linked. Women face particularly difficult circumstances because of widespread socioeconomic disadvantages. Measures that increase economic opportunities for women therefore serve both preventive and care functions in HIV/AIDS management.

McDonagh A (2001)

Microfinance strategies for HIV/AIDS mitigation and prevention in sub-Saharan Africa

ILO, Geneva (Social Finance Unit, Working paper 25)

The paper explores ways of ensuring the health of microfinance institutions in the context of the HIV/AIDS pandemic and asserts that microfinance as a tool can play a much larger role in helping to ease the financial and other burdens of those living with HIV and helping to promote behaviour change, vital to stemming the tide of infection. It finds that: MFIs operating in Sub-Saharan Africa are beginning to offer products designed to mitigate impact on the institution, clients or both; products currently being offered include credit and health insurance plus conventional loans and savings; organisations - FINCA, FOCCAS/Uganda and Opportunity International - have begun to think strategically about the impact of HIV and the consequences for sustainability and client survival; operating results to date indicate that the provision of microfinancial services in an HIV context is not incompatible with the MFI's goal to reach operational and financial sustainability; FINCA/Uganda reports financial sustainability of 126% as of July 2000; some MFIs offer HIV/AIDS education conducted by staff or via partnerships with AIDS service organisations. It concludes that MFIs operating in Sub-Saharan Africa have not fully exploited the range of possibilities for either mitigation or prevention strategies and most do more.

McGee R (2000)

Analysis of Participatory Poverty Assessment (PPA) and household survey findings on poverty trends in Uganda

Mission Report, Institute of Development Studies, University of Sussex

McKerrow NH et al (1996)

AIDS, orphans and affordable care

Human Sciences Research Council, Pretoria

Milne C, Kaitin K & Ronchi E (2001)

Orphan drug laws in Europe and the US: Incentives for the research and development of medicines for the diseases of poverty

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 9

Mtika MM (2001)

The AIDS epidemic in Malawi and its threat to household food security

Human Organization, 60(2):178

Explores the impact of AIDS on rural household food security in Malawi by investigating its effect on social immunity. Incidence of AIDS in Malawi; effect of AIDS on household economic productivity; roots of social immunity; impact of AIDS on social immunity.

Mutungadura G, Mukurazita D & Jackson H (1999)

A review of household and community response to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa

UNAIDS Best Practice Collection, Geneva

Mutungadura GB (2000)

Household welfare impacts of mortality of adult females in Zimbabwe: Implications for policy and programme development

International AIDS and Economics Network (IAEN) Conference, Durban

This study describes the major household impacts of female mortality in Zimbabwe, identifies the household coping mechanisms adopted and the current formal and informal social support mechanisms. Findings indicate that the major household welfare impacts were food insecurity, decrease in school access, increased work burden on children and loss of assets.

Nampanya-Serpell N (1999)

Children orphaned by HIV/AIDS in Zambia: Risk factors from premature parental death and policy implications (Immune Defficiency)

ProQuest, AAT 9919205: 1-21

Nampanya-Serpell N (2000)

Social and economic risk factors for HIV/AIDS affected families in Zambia

International AIDS Economics Network (IAEN) Conference, Durban

Zambia is among the countries in sub-Saharan Africa most seriously affected by the HIV/AIDS pandemic. At the beginning of the epidemic in the mid-80s and early 90s, the majority of AIDS-related deaths in the adult population occurred among men in the age group 20-45 years. Loss of the breadwinners had an immense economic and financial impact on widows, their children and other dependants from the extended family. The study of the economic impact of the AIDS pandemic at household level in Zambia investigated risk and protective factors in rural and urban communities associated with the impact of premature death of the breadwinner on the livelihood of their surviving spouses, dependent children, as well as the wider circle of their extended family. Implications are discussed for the design of services to reach children and families with the greatest needs. Intervention strategies should be carefully adjusted to respond to the rural and urban differences and to the ecological, social and economic conditions of each community.

Ntozi JPM (1997)

Effect of AIDS on children: the problem of orphans in Uganda

Health Transition Review, 7:23-40

The problem of orphans is serious in sub-Saharan Africa and has been increasing with the deaths of both parents from AIDS. A study of six districts of Uganda conducted in 1992 investigated the problem. Almost all the orphans are cared for by their extended family members who made the decisions to do so. It is recommended that more assistance be given to the family to enhance its capacity to cope with increased orphans expected in the future.

Ntozi JPM & Nakayiwa S (1999)

AIDS in Uganda: How has the household coped with the epidemic?

Ntozi JPM & Zirimenya S (1999)

Changes in household composition and family structure during the AIDS epidemic in Uganda

Ntozi JPM, Ahimbisibwe FE, Odwee JO, Ayiga N & Okurut FN (1999)

Orphan care: The role of the extended family in northern Uganda

In: Caldwell JC, Orubuloye IO & Ntozi JPM (eds) *The continuing African HIV/AIDS epidemic*. Health Transition Centre, National Centre for Epidemiology and Population Health, Australian National University, Canberra

This paper examines the traditional role of the extended family in orphan care in northern Uganda. The extended family provides much support in looking after orphans, but has been overburdened by the AIDS epidemic with the result that some care is being provided by the older orphans, who are too young for the responsibility. The main problems of orphans are lack of money, inadequate parental care and some mistreatment by the care givers.

Nxumalo S (1997)

The Tugela AIDS Programme Trust: Aiming to reach remote communities

AIDS Bulletin, 6 (1-2):43-4

Nyongesa DW (2000)

The emergence of two odd generations

13th International AIDS Conference, Durban

According to the statistics given by the National AIDS and STDs Control Programme (NAS COP), a department of the Ministry of Health, between 500 and 700 people in Kenya die of AIDS everyday, 15-49 being the age bracket of the victims. These are the people in whom the government has heavily invested through education and training. Their deaths therefore impact negatively on the economic and social sectors. This study examines the socioeconomic repercussions of HIV/AIDS. It also explores how the equally widowed grandmothers (the third generation) are fostering orphans in abject poverty.

Parker J (2000)

Microfinance and HIV/AIDS: Discussion paper

USAID Microenterprise Best Practices (MBP) Project, USAID, Washington DC

This paper is written for microfinance practitioners worldwide. Its purpose is to heighten awareness of the impact of HIV/AIDS on microfinance institutions (MFIs) and the communities they serve. The paper does not propose recommendations on how MFIs can directly fight HIV/AIDS. It does, however, point out a range of options open to MFIs that decide to play a pro-active role in HIV/AIDS-affected communities.

Parker J & Pearce D (2001)

Microfinance, grants and non-financial responses to poverty reduction: where does microcredit fit?

CGAP: Washington DC

This note addresses five questions: when is microcredit an appropriate response? What is needed for successful microcredit? When would savings and other financial services be more beneficial? When should grants and other financial entitlements be considered? What other interventions can strengthen the livelihoods of the poor? It finds that there are cases when microcredit is inappropriate based on context, institutional capacity and the presence of substitutes and alternatives. These alternatives can be: services such as savings and microinsurance; grants like termination payments and microgrants; other interventions including improving infrastructure, employment programs, non-financial services and legal/regulatory reform. The note concludes that donors and policy-makers play a critical role in providing flexible and contextual solutions - not just microcredit.

Parker J, Singh I, Hattel K (2000)

The role of microfinance in the fight against HIV/AIDS

UNAIDS, Geneva

This paper discusses microfinance in the AIDS context and examines whether there is an expanded role for microfinance. Gives examples of innovation from FINCA/Uganda and Opportunity International. Assesses the limits of microfinance actions and the leadership role. Concludes that stakeholders are: communities and families; microfinance institutions; health professionals; local and national government; donors. It includes appendices addressing: initiatives in HIV/AIDS education and prevention; financial product innovations; and survey findings.

Parry S (2000)

AIDS Briefs for sectoral planners and managers: Commercial agriculture sector

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The success of any enterprise is invariably tied to the quality of its human resources. Consequently the loss of skilled and experienced personnel, for whatever reason, is of serious concern to any sector. HIV/AIDS, and the protracted morbidity and mortality associated with it, has a profound impact not only on medical but also on overall economic and social dimensions of life. Commercial agriculture has a greater capacity to cope with the impact of HIV/AIDS than subsistence agriculture and hence ensure food security for a country. It has more capacity to operate between both mechanised and labour-intensive practices than most other sectors. This advantage is dependent on the sector taking the initiative in safeguarding the welfare of its workforce, making contingency plans well in advance of serious impact, and collaborating with all key players to mitigate against the effects of HIV/AIDS. This requires a rethinking of policy, sound financial planning and a realistic look at the impact of viability and hence appropriate subsequent actions. Serious attention to these issues could ensure that further rural development takes place and commercial agriculture can continue to contribute substantially to the welfare and economy of countries and regions.

Parry S (1998)

Community care of orphans in Zimbabwe: The Farm Orphans Support Trust (FOST)

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg

The overall aim of the Farm Orphans Support Trust (FOST) is to pro-actively increase the capacities of the farming communities to respond to the impending orphan crisis and ensure that systems are in place to protect and care for the most vulnerable individuals. This paper provides a descriptive overview of the programme.

Philipson T & Posner RA (1995)

The microeconomics of the AIDS epidemic in Africa

Population Development Review, 21 (4)

Rugalema G (1999)

HIV/AIDS and the commercial agricultural sector of Kenya: Impact vulnerability, susceptibility & coping strategies

UNDP, Geneva & FAO, Rome

Findings of this study will show that the commercial agricultural sector of Kenya is facing a severe social and economic crisis due to the impact of HIV and AIDS. Protracted morbidity and mortality have profound financial, economic, and social costs for industry. The loss of skilled and experienced labour to the epidemic continues to be a serious concern. If agro-estates are to remain viable businesses, it will be necessary and urgent to approach the epidemic with the seriousness it deserves. This includes well-elaborated prevention programmes and concerted mitigation strategies at the company level, in collaboration with other sectors of the economy including the government, NGOs, and civil society.

SAfAIDS (2000)

The role of the social welfare sector in Africa: Strengthening the capacities of vulnerable children and families in the context of HIV/AIDS

UNAIDS Inter-country team, Southern and Eastern Africa, Pretoria, South Africa

Save the Children Fund (2000)

Save the Children research audit

Research & Development Unit, Save the Children Fund

The purpose of this audit is to provide an information source for SCF staff regarding recent and ongoing research undertaken throughout the organisation. It is not meant as a detailed review. The audit can be searched either by country or by theme using the tables provided.

Sisli E (2000)

Empowering the victims via microcredit

13th International AIDS Conference, Durban

AIDS is considered as a 'long-wave' disaster, 'that is long time in the making and in which the major effects have already begun to occur long before the magnitude of the crisis is recognised and any response is possible.' This unique characteristic of the epidemic has been treated as an adverse condition, limiting the households' ability and willingness to react early. However, with a properly designed policy response, the 5-7 years between the HIV-infliction and the height of AIDS can be utilised to reduce the economic vulnerability of the HIV-inflicted households. This study advocates a policy framework encompassing two steps: (i) early diagnosis of HIV/AIDS, (ii) mobilising the donor funds via microcredit to the diagnosed households for income-generating purposes. The primary aim is to limit the negative coping strategies (reduced food consumption, use of savings and sale of assets) and to reinforce the positive coping strategies (income diversification) of the households. Both steps combined would potentially avoid economic collapse of the households due to too much strain in the worst stages of the illness. Financing the HIV/AIDS inflicted clients via microcredit is the most viable option, as the informal financial sector is unsustainable and the formal sector is out-of-reach for this high-risk group. The sustainability of the microcredit programmes can be mitigated by transferring resources from the non-AIDS population in the form of savings. This policy would assist the households living with HIV/AIDS to sustain a steady flow of future income and to eliminate sharp reversals in their economic conditions. Not many HIV/AIDS programmes have taken such an approach of helping to build a productive base as an insurance mechanism for the victims. The study attempts to fill this gap.

Smart R (1999)

Children living with HIV/AIDS in South Africa – A rapid appraisal

Save the Children, Pretoria

Nearly a third of South African children live in poverty. This causes them to be highly vulnerable to HIV/AIDS. In recognition of this, Government has called for a national strategy on children and HIV/AIDS. The strategy will cover children who are infected with HIV, children who are vulnerable to becoming infected and children who are affected, with the main emphasis being on affected children, including AIDS orphans. To respond it is necessary to generate: awareness of the present situation regarding its children; an understanding of the epidemic, both currently and the future projections; an appreciation of the positions of key role-players and

communities in respect of the issues of children and HIV/AIDS; an analysis of existing models of care and support for children in distress. The Rapid Appraisal reports on the following: the context of a national strategy; the needs and rights of affected children; care and support for affected children; lessons from projects; framework for a national strategy; recommendations from the rapid appraisal include, a policy framework; a database of organisations working with and for children; network and co-ordination mechanisms; poverty alleviation activities; identification of children in distress; holistic care and support within a comprehensive continuum; planning for the future of children who will be orphaned; supporting children as care givers; promoting a rights-based approach; and support for affected children, amongst other activities.

Stein J (1997)

The impact of HIV/AIDS on the household

AIDS Bulletin, 6 (4):20-3

Stewart RC (1999)

Negative economic shocks and the changes in the composition and structure of poor, rural, African households in KwaZulu-Natal 1993-1998

M Soc Science, University of Natal, Durban

This thesis examines the negative economic shocks and the changes in the composition and structure of poor, rural African households. The evidence from the cross-tabulations of both the poor and the non-poor groups suggests that both household groups may manipulate the size and number of generations as a coping strategy in times of economic stress. These results may be interpreted in two different ways. Firstly, that non-poor households use these methods as coping strategies and are successful in mitigating the effects on income levels to the point where they are able to remain out of poverty. A second explanation is that the relationship between the two factors may be caused by general life-cycles and not be due to an inherent relationship between the two factors in isolation. From the analysis of the data results, it becomes obvious that household boundaries are fluid and that the composition and structure of the household changes over time. Much of this change can be attributed to internal forces such as births, deaths and marriage, but it may be possible that some of the changes can be attributed to other forces. The household should not be regarded as a static and homogenous unit in social and economic planning. It appears that all households may experience sudden and negative economic shocks. However, the households that are larger are more likely than the smaller households to experience these shocks.

The International Council of Aids Service Organizations (ICASO) (1999)

HIV/AIDS and human rights stories from the frontlines

The International Council of Aids Service Organizations (ICASO)

Thomas EP, Seager JR, Viljoen E, Potgieter F, Rossouw A, Tokota B, McGranahan G & Kjellen M (1999)

Household environment and health in Port Elizabeth, South Africa

Stockholm Environment Institute, Sweden

This provides a focus on the environment and health problems at a household level. The study used a random sample of the whole population of the city and was thus able to examine city-wide disparities. Focusing on housing and health this study primarily examines the vulnerability of households in poverty to disease including HIV/AIDS. There are, however, no specific AIDS-related recommendations.

Tibaijuka A (1997)

AIDS and welfare in peasant agriculture in Tanzania

World Development, 25 (6)

Tindi S, Nyaundi JK & Ojiambo JM (2000)

A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa

UNAIDS, Geneva

This document reviews literature on household and community responses to HIV/AIDS and makes policy recommendations. These include strengthening capacity of rural households, developing social assistance programmes, working through traditional community mechanisms, promoting NGOs and CBOs, developing long-term poverty alleviation strategies, and evaluating activities.

Topouzis D & Du Guerny J (1999)

Sustainable agricultural / rural development and vulnerability to the AIDS epidemic

FAO and UNAIDS Joint Publication, UNAIDS Best Practice Colleione, Geneva

Topouzis D & Hemrich G (1998)

The socioeconomic impact of HIV and AIDS on rural families in Uganda: An emphasis on youth

Study Paper 2, UNDP, Geneva

Data about the spread of HIV/AIDS in rural Uganda tends to be unreliable. The spread of AIDS follows a different pattern in each village and district. Geographic and ethnic factors, agri-ecological conditions, religion, gender, age and marital status all influence the pattern and impact. The critical implication for the design of HIV/AIDS interventions is that district specific approaches are essential. The burden of the socio-economic impact of HIV/AIDS is disproportionately affecting rural women, especially AIDS widows and their dependent children who typically become entrenched in poverty as they lose access to land, labour, inputs, credit and support services. Stigmatisation compounds their situation severing assistance from extended family and the community. Women's limited economic opportunities, lack of rights to land and property need to be addressed when HIV/AIDS interventions are designed.

UNAIDS (2001)

Children and young people in a world of AIDS

UNAIDS, Geneva

UNDP (2001)

A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa

UNDP, Geneva The purpose of this study is to review the literature on household and community coping responses to HIV/AIDS and make policy recommendations. This paper serves as a background paper for a much shorter and more advocacy-oriented tool to stimulate discussion among the UN theme groups and the major stakeholders on what can be done in sub-Saharan Africa.

UNICEF (1999)

Children orphaned by AIDS: Front-line responses from eastern and southern Africa

United Nations Children's Fund (UNICEF), New York

Young people who have lost one or both parents to HIV/AIDS are extremely vulnerable. Social support systems in sub-Saharan Africa are largely provided by extended families, with broader social services being largely inadequate. There have been a number of country level responses and those in Botswana, Malawi, Zambia and Zimbabwe are reviewed. Emphasis is largely on strengthening the capacity of communities to respond.

UNICEF (1997)

Give us credit: How access to loans and basic social services can enrich and empower people

United Nations Children's Fund (UNICEF), New York

This document reviews poverty reduction through micro-credit programmes. Linking of micro-credit programmes with basic social service provision is seen as a vital component. Micro-credit successes involve a combination of credit and savings, and group lending has helped marginalised groups gain access to credit. Examples from developing countries in Asia and Africa are reviewed.

USAID (2000)

Microenterprise Best Practices (MBP) Project, development alternatives

USAID, Washington DC

The report underlines the impact of HIV within microfinance practice and notes that: AIDS related absenteeism is increasing amongst the clients and staff of Microfinance Institutions (MFIs); AIDS is a source of financial stress in peer and solidarity groups where others responsibility to repay loans and are impacted. MFIs rarely track the dropouts who have disappeared from peer groups; and rising staff deaths and absenteeism make it necessary to recruit and train new staff while morale and behaviour is affected. The report outlines examples of innovation in the face of crisis from sub-Saharan Africa and makes recommendations. These will lead to a series of further steps involving research, policy testing and implementation.

USAID (2001)

Report to Congress: USAID efforts to address the needs of children affected by HIV/AIDS

The Synergy Project, Washington DC

USAID (2001)

The AIDS Crisis: Directory of associations of people living with HIV/AIDS

US Agency for International Development & Network of African People Living with HIV/AIDS, Population, Health and Nutrition Information Project, Washington DC

Associations and networks of people living with HIV/AIDS in Africa have emerged as powerful mechanisms for strengthening community responses to the pandemic in Africa. These associations and networks have established the problem of HIV/AIDS as a living reality in the form of ordinary men and women from every sphere of African society. The process of actively networking and sharing experiences has served as a very powerful therapy for individuals, families and communities across the African continent. To this end, networking has facilitated prevention, care, capacity development and leadership skills strengthening at community, national and international levels. This inventory lists the associations of people living with HIV/AIDS in the African continent and brings out useful data on these associations.

USAID (2001)

USAID project profiles: Children affected by HIV/AIDS

The Synergy Project, Washington DC

USAID (2000)

Microfinance and HIV/AIDS - USAID Microenterprise Best Practices Project

USAID, Washington DC

This Discussion Paper is written for microfinance practitioners worldwide. Its purpose is to heighten awareness of the impact of HIV/AIDS on microfinance institutions and the communities they serve. The paper does not propose recommendations on how MFIs can directly fight HIV/AIDS. It does, however, point out a range of options open to MFIs that decide to play a proactive role in HIV/AIDS-affected communities.

Versluysen E (2000)

East and Southern African micro-finance institutions and the AIDS epidemic: A trip report

USAID, Washington DC

The report presents the findings of a preliminary, 'quick reconnaissance' in Uganda, Kenya and Zimbabwe to evaluate the responses of microfinance institutions to the AIDS epidemic. The findings and recommendations presented here are based on interviews with the staff and clients of selected microfinance institutions, USAID missions, professional associations and AIDS support groups.

Wachter KW, Knodel JE & van Landingham M (2000)

AIDS and the elderly of Thailand: Projecting familial impacts

Population Studies Center (PSC), University of Michigan, USA, Research Report # 00-446

Recent evidence from Thailand reveals extensive involvement of parents in the caregiving and living arrangements of adult AIDS cases. This report presents results from a computer microsimulation and aggregate demographic analysis intended to (a) project the numbers of older Thais who will lose children to AIDS during their own lifetimes and (b) assess the timing and demographic magnitude of expected caregiving and loss. Although only about 2 percent of the Thai population is estimated to be HIV positive, 11 percent of the Thai population over age 50 in 1995 are likely to lose at least one adult child to AIDS before their own deaths; for Thailand's upper north, the proportion reaches 19 percent. Of parents who lose one adult child, 13 percent are likely to lose two or more. In Thailand, the probability of losing an adult child is about 75 percent greater than if there were no AIDS epidemic. Much higher proportions of older parents will be impacted in many countries in Africa, where HIV is far more prevalent than it is in Thailand. Approaches similar to those used here can help in projecting impacts on older people in these settings.

Wagstaff LA, Chimere-Dan OD & Ramontja RM (1997)

A survey of health issues in a South African urban community – comparing findings from formal and informal dwellers

Southern African Journal Of Epidemiology And Infection, 12 (2): 55-60.

Wattana J (1996)

The economic impact of AIDS on households in Thailand

In: World Bank, 1997, *Confronting AIDS: Public priorities in a global epidemic*, World Bank, New York

This article examines two questions: What is the household structure, and what are the components of the household, in households with and without an adult death?, and among households with and without an adult death, what are the factors affecting the change in household consumption? It was found that households that had experienced an adult AIDS death were not able to replace the capacity of the deceased; the

composition of AIDS-death households was 15% under 14 years old, 60% in prime working age and 25% elderly; the percentage of elderly people in AIDS-death households was higher than in other types of households; education of the household head has a protective effect in case of death; deaths of adult women have a stronger negative on consumption than do deaths of adult men; deaths from AIDS are associated with a larger decrease in consumption than are deaths from other causes.

Wilkinson E (2000)

Microfinance and AIDS: Field notes for considering microfinance services in the context of AIDS orphans. A brief sketch of possible microfinance services

The notes sketch a case for microfinance in any situation and offer three areas where pilot programs might be considered: loan guarantees to support MFI involvement with HIV+ clients; matchmaking between microfinance organisations and potential clients by social organisations; the provision of basic business training services before microloans are considered.

Williamson J (2000)

Finding a way forward: Principles and strategies to reduce the impacts of AIDS on children and families

In: *The Orphan Generation: The global legacy of the AIDS epidemic*

This chapter considers how to develop interventions that make a difference over the long haul in the lives of the children and families affected by HIV/AIDS at scale that approaches the magnitude of their needs. The author describes the kinds of approaches and interventions that he thinks make sense to help mitigate impacts at the household and community level.

World Bank (2000)

Expanding poor people's assets and tackling inequalities

In: *World Development Report 2000/2001: Attacking Poverty* (Chapter 5)

World Bank (2000)

Helping poor people manage risk

In: *World Development Report 2000/2001: Attacking Poverty* (Chapter 8)

Achmat Z (2000)

Legal strategies to improve access to treatment: An overview of successes and failures

13th International AIDS Conference, Durban

Access to treatment for people with HIV/AIDS in countries of Africa, Asia and Latin America remains elusive. Exclusion from public and private health care programmes is not limited to anti-retroviral access, but in many cases, includes treatment or prophylaxis for opportunistic infections. Governments and private medical agencies of poor countries identify costs as a key reason for limiting access. In their turn, drug companies rely on patent laws and other intellectual property instruments to maintain high prices. People with HIV/AIDS lack cohesion, mobilisation, material resources, and therefore, the political strength to alter the relationship of forces between drug companies, private agencies and government. Can a rights-based approach or other legal strategies assist PWAs to win treatment access? Research based on case studies in Venezuela, Costa Rica, India, South Africa, Zimbabwe and Thailand examines different legal and social approaches to mobilising PWAs to gain treatment access. These case studies include litigation proceedings, lobbying and advocacy campaigns, as well as social movements. Three areas of law will be canvased: administrative law; constitutional or human rights law; and, intellectual property protection.

Attaran A & Gillespie-White L (2001)

Do patents for antiretroviral drugs constrain access to AIDS treatment in Africa?

Journal of the American Medical Association (JAMA) 286 (15):1886

Presents a study to examine the relationship between patents and antiretroviral drug access in Africa and determine whether patents are a barrier to widespread AIDS treatment. Methods, results, conclusion that patent protection for antiretroviral drugs in Africa is not extensive and that patents are not responsible for lack of access to antiretroviral drug treatment.

Beck EJ, Miners AH & Tolley K (2001)

The cost of HIV treatment and care: A global review

PharmacoEconomics, 19 (1):13

This review of published studies on the costs of HIV treatment and care describes some of the recent developments that have influenced these costs in industrialised and industrialising countries, especially within the context of changing drug treatments. Some of the different approaches to estimating the economic impact of HIV infection are briefly presented. The methods used to review the literature are described, particularly the criteria of a scoring system that was specifically developed to systematically screen some of the studies identified. The mean review score for studies dealing with direct hospital costs increased significantly ($p = 0.003$) over the 3 periods analysed (before 1987, 1987 to 1995, and 1996 and beyond), indicating that the overall 'quality' of studies increased over time. All cost estimates, other than those from non-industrialised regions, were converted to 1996 US dollars using country-specific total health expenditure inflators and country-specific Gross Domestic Product Purchasing Power Parity converters. A summary of hospital cost estimates over time and by region demonstrated that the costs of treating asymptomatic individuals and people with symptomatic non-AIDS increased over the period, but that the costs of treating individuals with AIDS appears to have stabilised since the late 1980s. As fewer studies could be identified on the costs of community and informal care, indirect productivity costs and population cost estimates, and costs of care for children with HIV infection, all of these studies were reviewed without the use of the scoring system. Finally, the discussion explores the evidence on the global costs of HIV in non-industrialised economies and the affordability of HIV treatment and care. Some suggestions for the direction of future HIV costing studies are also presented. A need remains for good quality cost data. Adequate research effort should be directed to improving the scope and quality of information on cost... [ABSTRACT FROM AUTHOR]

Bishai D, Maria K & Kiyonga CWB (1999)

Algorithms for purchasing AIDS vaccines

Johns Hopkins University School of Hygiene and Public Health, Baltimore

The authors delineate two algorithms for the purchase of an AIDS vaccine depending upon whether a health sector perspective or societal perspective is employed. Projections based on these algorithms show how different policy objectives can lead to vast differences in the number of courses of vaccine needed in the future.

Bos JM & Postma MJ (2001)

The economics of HIV vaccines: Projecting the impact of HIV vaccination of infants in sub-Saharan Africa

PharmacoEconomics 19 (9)

Objectives: To project vaccine parameters, economic consequences and market size associated with HIV-1 vaccination of infants in sub-Saharan Africa through the Expanded Program on Immunisation (EPI); and to assess threshold values for price and effectiveness. Study design and methods: Cost-effectiveness analysis using a decision-analysis model linking epidemiological data with economic information. Epidemiological data on the burden of disease of HIV were obtained from the WHO and the Joint United Nations Programme on HIV/AIDS. The decision analysis model was constructed using estimates of lifetime chances of HIV infection. To assess threshold values for price and effectiveness, a maximum value for cost effectiveness in developing countries of \$US100 was used in the base case. One-way and multivariate sensitivity analysis was performed on relevant parameters, assessing the impact of these parameters on the results of the analysis. In the base case, health benefits and consequences were discounted at a rate of 3%. Study perspective: Societal. Results: According to the model, introduction of an HIV-1 vaccine in the EPI would result in the vaccination of 8 717 112 infants in sub-Saharan Africa per year. This corresponds to the prevention of 1 839 355 cases of HIV per year, gaining 16 461 800 disability-adjusted life years (DALYs). The cost-effectiveness ratio of the intervention would be \$US3.4 per DALY gained (1998 values) at a vaccine price in the base case of \$US5. At the same price the estimated size of the market would be approximately \$US44 536 111 per year. Conclusion: If technological and financial problems associated with the development of an HIV vaccine can be solved, HIV vaccination in Africa could be both cost effective and potentially profitable.

Busulwa WR, Buyse D, Mulligan J, Walker D & Fox-Rushby J (2000)

Analysing the analyses: A review of a set of economic evaluations of introduction of anti-retroviral therapy to reduce vertical HIV transmission in a hypothetical sub-Saharan African health district

IAEN Conference, Durban

This paper documents an investigation of the influence of the health analysts' values on the design and outcome of the evaluations in resource-allocation decision-making within the health sector, especially with regard to HIV transmission interventions.

Cameron W, Garnett G, Bartley LM & Anderson RM (2000)

Shared community benefits of good medical health care for HIV: Mathematical modelling of the potential impact of treatment on the spread of HIV infection

13th International AIDS Conference, Durban

This paper sets out to model mathematically the epidemiological and economic impact of health care including anti-HIV treatment on the public health of HIV, in comparison and in combination with accepted public health interventions. A deterministic, compartmental model of HIV transmission in a sexual activity-stratified heterosexual population was developed. This included HIV disease progression and transmissibility, related to allocation patterns of medical treatment and acquired drug resistance. The modelled population incidence of HIV and AIDS could be reduced through the use of anti-HIV treatment. A net public health benefit is possible when treatment is appropriately targeted early in an HIV epidemic in a context of a highly focused initial source of infection. Conservative assumptions about the potential alterations in parameter values suggest that HIV treatment could be more effective than other interventions. There are many barriers to the effective treatment of HIV infection in resource poor settings. This is particularly true in populations for which targeted therapy would have the most beneficial impact on HIV epidemiology. The model results indicate that resources allocated to targeted health care as a means of preventing the spread of HIV may confer both net public health and economic benefits.

Center for International Development (CID) (2001)

Groundbreaking blueprint calls for widespread availability of anti-retroviral treatment to HIV-infected person in poor countries

CID, Harvard University, Boston

Chela CM et al (1994)

Cost and impact of home-based care for people living with HIV/AIDS in Zambia

WHO, Geneva

Chequer P, Sudo EC, Vitfria MAA, Veloso VG, Castilho EA (2000)

The impact of anti-retroviral therapy in Brazil

13th International AIDS Conference, Durban

The Brazilian Ministry of Health has made the combined anti-retroviral therapy including PI universally available since 1997. As a result there has been a significant reduction in morbidity/mortality rates and in the costs of treating HIV/AIDS carriers. Analysis of the effects of the initiative showed similar results as those obtained in developed countries. Mortality was reduced by approximately 50% and there was a notable reduction in the number of main opportunistic infections (OIs). This was reflected in the marked reduction of the average number of hospital admissions and the length and complexity of treatment needed, suggesting a

significant improvement in patient wellbeing. As regards costs, it was shown that the policy of universal access to combined anti-retroviral therapy led to savings both on medicines to treat opportunistic infections and on the direct costs of hospital admissions arising from these. It is estimated that approximately 146 000 admissions were avoided in 1997-99, representing a saving to Brazil of about \$US420 million. Moreover, a change in the type of services used was noted, namely significant growth in demand for outpatient services at the same time as a decrease in that for home attendance and day-hospital services. The financial resources devoted to the initiative in effect represents an economically viable investment.

Collins C, Morin S, Shriver M & Coates T (2000)

Designing primary prevention for people living with HIV

AIDS Research Institute, Policy Monograph Series, University of California, San Francisco

Conlon PC (2000)

State of the art and future prospects in HIV treatment

In: HIV/AIDS in the Commonwealth 2000/1

Cyrillo DC, Paulani LM & Aguirre BMP (2000)

Direct costs of AIDS treatment in Brazil: A methodological comparison

IAEN Conference, Durban

The Brazilian Ministry of Health has made the combined anti-retroviral therapy including PI universally available since 1997. As a result there has been a significant reduction in morbidity/mortality rates and in the costs of treating HIV/AIDS carriers. Analysis of the effects of the initiative showed similar results as those obtained in developed countries. Mortality was reduced by approximately 50% and there was a notable reduction in the number of main opportunistic infections (OIs). This was reflected in the marked reduction of the average number of hospital admissions and the length and complexity of treatment needed, suggesting a significant improvement in patient wellbeing. As regards costs, it was shown that the policy of universal access to combined anti-retroviral therapy led to savings both on medicines to treat opportunistic infections and on the direct costs of hospital admissions arising from these. It is estimated that approximately 146 000 admissions were avoided in 1997-99, representing a saving to Brazil of about \$US420 million. Moreover, a change in the type of services used was noted, namely significant growth in demand for outpatient services at the same time as a decrease in that for home attendance and day-hospital services. The financial resources devoted to the initiative in effect represents an economically viable investment.

De Guzman A (2001)

Reducing social vulnerability to HIV/AIDS: Models of care and their impact in resource-poor settings

AIDS Care 13 (5):663

There has been an increasing understanding of the social, economic, cultural and political factors that have shaped the HIV/AIDS epidemic. It has been widely recognised that in order to have effective prevention programmes for HIV/AIDS, the broader determinants of health must be addressed. Concurrently, a deeper understanding of personal and societal vulnerability to HIV/AIDS has emerged. Some prevention efforts have expanded their focus, addressing not only individual risk factors and behaviour, but also social justice and including community mobilisation activities to address the wider context of the disease. However, the transition to an expanded approach to mitigating the effects of the HIV/AIDS epidemic has not been complete. There is little evidence that care and support strategies have systematically tried to address these concepts. While the role care plays in prevention is considered vital, viewing models of care in terms of their impact on the social vulnerability of certain groups to HIV/AIDS has been largely neglected. Yet appropriate care programmes that help reduce vulnerability will arguably also make the greatest contribution for prevention. Drawing on examples of the role social vulnerability has played in prevention efforts, this paper evaluates the impact of HIV/AIDS care models on socially vulnerable groups, such as women and children.

Department of Health (2000)

HIV/AIDS policy guideline: Ethical considerations for HIV/AIDS clinical and epidemiological research

Department of Health, Pretoria

Clinical and epidemiological research involves complex ethical challenges, such as access to clinical trials, informed consent, use of medications after the completion of drug trials, drug toxicities, long-term side effects, the appropriateness of the proposed research for South Africa, and the release and publication of research results. This booklet deals with several ethical issues relating to HIV/AIDS clinical and epidemiological research in South Africa.

Department of Health (2000)

HIV/AIDS policy guideline: Feeding of infants of HIV positive mothers

Department of Health, Pretoria

The booklet presents options for infant feeding in cases of MCTC, and weighs up the options of breast and formula feeding. MTCT from breast-feeding is influenced by the stage of the HIV condition in the mother, or by breast pathology. MTCT is more likely the longer the period of breast-feeding, also with new HIV infection during the breast-feeding period.

Department of Health (2000)

HIV/AIDS policy guideline: Management of occupational exposure to HIV

Department of Health, Pretoria

The booklet offers advice on the management of occupational exposure to blood and body fluids that may contain HIV. It includes recommendations for HIV post-exposure prophylaxis, for the assessment of risk, and information on compensation for occupationally acquired HIV infection.

Department of Health (2000)

HIV/AIDS policy guideline: Prevention and treatment of opportunistic and HIV related diseases in adults

Department of Health, Pretoria

This booklet uses the WHO clinical staging system for HIV infection as a guideline for the management of HIV infected adults at primary health care level. It includes HIV and STD diagnosis, education, voluntary counselling, support to families, treatment of opportunistic infections, prophylactic medication, palliative care, referral, treatment for TB, and issuing of condoms.

Department of Health (2000)

HIV/AIDS policy guideline: Prevention of mother-to-child HIV transmission and management of HIV positive pregnant women

Department of Health, Pretoria

The booklet lists factors of increased risk of MTCT, and some risk-reducing measures. The latter include vaginal lavage before and during delivery, avoidance of invasive measures during delivery, elective Caesareans, formula feeding (where it can be done safely), vitamin supplementation during pregnancy.

Department of Health (2000)

HIV/AIDS policy guideline: Rapid HIV testing

Department of Health, Pretoria

This booklet provides recommendations on the use of rapid HIV tests. Such testing can provide a result within 10-30 minutes as compared to 1 to 2 weeks for the EIA. Rapid HIV testing must be conducted according to the same ethical standards as for any other HIV test. Most people receiving rapid HIV test results can receive counselling and learn their HIV status in a single visit, without the requirement of a formal laboratory and laboratory personnel. Therefore rapid testing can increase the number of people undergoing HIV testing who know their results.

Department of Health (2000)

HIV/AIDS policy guideline: Testing for HIV

Department of Health, Pretoria

Testing for HIV infection presents serious medical, legal, ethical, economic and psychological implications in the health care setting. Policy guidelines that will guarantee freedom and security of the person, and the right to privacy and dignity have to be heeded. This brochure spells out the national policy for HIV testing.

Desmond C and Gow J (2001)

The cost-effectiveness of six models of care for orphan and vulnerable children in South Africa

Report for UNICEF, Pretoria

Evian C (1995)

Primary AIDS Care

Jacana Education, Houghton, South Africa

Farmer P, Leandre F, Mukherjee JS, Claude MS, Nevil P, Smith-Fawzi MC, Koenig SP, Castro A, Becerra MC, Sachs J, Attaran A, Kim JY (2001)

Community-based approaches to HIV treatment in resource-poor settings

The Lancet, 358:404

Discusses community-based approaches to AIDS prevention in resource-poor settings such as Haiti. Issue of access to highly-active antiretroviral therapy (HAART); topic of directly observed therapy with HAART (DOT-HAART); expansion of the HIV Equity Initiative; objections to the use of HAART in resource-poor settings; idea of rethinking costs and benefits.

Floyd K, Nganda B, Okello D, Moalosi G, Maher D, Ya Diul M, Raviglione M, Sinanovic E (2000)

Providing tuberculosis treatment in sub-Saharan Africa in the face of the HIV/AIDS epidemic: An economic evaluation of 5 pilot projects emphasising increased community and primary care facility involvement in care

13th International AIDS Conference, Durban

The HIV/AIDS epidemic in sub-Saharan Africa has caused a substantial increase in tuberculosis cases. In the context of limited budgets and hospital ward capacity, this has made it difficult to maintain traditional approaches to care. New strategies that cost less, are less dependent on hospital admission, and more cost-effective are required. Five pilot projects emphasising community and primary care facility involvement in tuberculosis treatment were implemented in Botswana, Kenya, Malawi, South Africa and Uganda. Costs, cost-effectiveness, and average length of hospital stay were assessed for a) the new strategy and b) the traditional approach to care. The new strategies involving community contribution to care and/or decentralisation to primary care facilities were almost always lower cost, less hospital dependent, and more cost-effective. The reduction in the average health system cost per patient ranged from 16% to 72%. Average patient and family costs were lower by a margin of between 19% and 75%. Average length of stay in hospital fell by between 73% and 98%. The effectiveness of the new strategies was similar or higher compared to the traditional approach to care, so that cost-effectiveness usually improved, by between 17% in South Africa and 73% in Kenya. The only instance where costs increased and cost-effectiveness worsened was community-based treatment for new smear-negative pulmonary tuberculosis patients in Malawi. Wider implementation should be considered, though careful monitoring is important for confirming that pilot project results can be reproduced elsewhere.

Ganslandt M, Maskus KE and Wong EV (2001)

Development and distributing essential medicine to poor countries: The DEFEND Proposal

Blackwell Publishers, London

Perhaps the most critical task currently facing the global economy is to devise mechanisms that both encourage research aimed at finding treatments for diseases that are common in impoverished nations and that achieve widespread international distribution of these treatments at sufficiently low costs to be effective and affordable. This issue has achieved prominence by virtue of the severe epidemic of HIV, which inevitably leads to the onset of AIDS, in sub-Saharan Africa and, increasingly, in South Asia and Southeast Asia. HIV/AIDS is not the only disease that plagues poor nations, where malaria, tuberculosis, and other maladies are equally lethal and debilitating. Indeed, HIV/AIDS is unusual in that strong incentives for pharmaceutical companies to develop treatments for sufferers in high-income economies have resulted in medicines that effectively permit patients to function well for many years before onset of the disease. In that regard, the current debate is about how best to transfer these medicines to poor countries. In contrast, there is virtually no R&D aimed at producing new treatments for malaria or tuberculosis. This situation arises largely because those who suffer are overwhelmingly poor and could not afford medicines in sufficient quantities to cover R&D costs. The problem is accentuated by weak patent protection in potential markets, further reducing the willingness of pharmaceutical enterprises to develop new drugs and vaccines. To put it in economic terms, under the current system the incentives to achieve efficient dynamic and static provision of medicines are grossly inadequate in the face of massive poverty. To deal with this problem essentially two programmes have been advanced in recent years, which are considerably at odds with each

Garbus L (2001)

Bulletin of Experimental Treatments for AIDS

San Francisco AIDS Foundation, San Francisco

In the entire world, sub-Saharan Africa is the region most affected by HIV/AIDS. At the end of 2000, 25.3 million adults and children were living with HIV/AIDS in the region, accounting for 70% of the global total. There were 2.4 million AIDS deaths in sub-Saharan Africa during 2000, representing 80% of global AIDS deaths that year. In 2000, 3.8 million people in the region became infected with HIV, representing about 72% of all new global HIV infections. At the end of 2000, the region's adult (15-49) HIV/AIDS prevalence rate was 8.8%. Of the region's HIV positive adults, 55% were women. Over 80% of women worldwide living with HIV/AIDS live in sub-Saharan Africa. The burden of the epidemic is staggering, all the more so given that sub-Saharan Africa contains only about 10% of the world's population. In eight African countries, at least 15% of adults are infected. In these countries, AIDS will claim the lives of about one-third of today's 15-year-olds. South Africa has the highest number of people infected: 4.2 million with an adult prevalence rate of 19.9%, up from 12.9% two years ago.

Gilks C, Floyd K, Haran D, Kemp J, Squire B, Wilkinson D (1998)

Sexual health and health care: Care and support for people with HIV/AIDS in resource poor settings

Department for International Development (DFID), London

Goma GMN, Ngoma FJ, Kruger CH, Manda C, Mwape K, Chilangwa M, Kampamba C, Kasanka E & Kaviswile UK (2000)

Strengthening community home-based care programs

13th International AIDS Conference, Durban

In Zambia, many communities are operating Community Based Home Care (CBHC) programmes to support the infected and affected. The quality of services offered is inadequate due to high levels of poverty. HELP, in partnership with other NGOs, is implementing this programme to achieve its intended goal of strengthening them. Through donor funding, the programme embarked on the following: a) forming partnerships with identified NGOs; b) provision of funds, technical and training for improved management of volunteer based initiatives; c) provision of nutritional and income supplements and food to insecure homes; d) provision of funds, technical assistance and training for increased access to economic opportunities, surviving members and CBHC volunteers. The programme has achieved the following: a) establishment of partnerships; b) volunteer-based initiatives improved; c) improved service delivery by CBHC programmes; d) nutritional and income supplement provided; e) increased access to economic opportunities through income-generating activities.

Govender V, McIntyre D, Grimwood A & Maartens G (2000)

The costs and perceived quality of care for people living with HIV/AIDS in the Western Cape Province in South Africa

Small Applied Research # 14. Abt and Associates, Cambridge, Maryland

The aim of this study is to evaluate the costs of care for people with HIV/AIDS at the different levels of care in the Western Cape metropolitan area and the patients' perception of care. Overall, respondents were generally satisfied with the health services they received. Dissatisfaction with the health services related mainly to the provision of 'inadequate and ineffective drugs', poor staff attitudes, and fears of discrimination and confidentiality being compromised by staff. To avoid having their HIV status discovered, patients sometimes sought care further away from home. Changing attitudes on the part of the health care providers and communities is crucial if barriers are to be overcome. A key recommendation based on study findings is to improve the management of TB at all levels, and this is necessary if expensive secondary and tertiary inpatient costs are to be reduced. In addition, the development of standard treatment guidelines for the management of those infected with HIV is essential. This will assist in ensuring that early diagnosis and appropriate treatment of patients are conducted at the appropriate levels of care. Improved knowledge and awareness of HIV/AIDS is critical if discrimination against those with HIV/AIDS is to be reduced, if not eliminated, in communities and health care facilities.

Haacker M (2001)

Providing health care to HIV patients in Southern Africa

IMF, Washington DC

This paper provides an economic analysis of the impact of HIV/AIDS on the health sector in Southern Africa. It provides indicators for the scale of the impact, including estimates of the costs of various forms of treatment. In anticipation of increasing numbers of patients with HIV/AIDS-related diseases, it is essential to expand the already strained health facilities and to substantially increase the training of health personnel. While proposed reduction in the prices of antiretroviral therapies will considerably expand the range of those who can afford them, they will remain accessible to a minority of the population only.

Hansen K, Chapman G, Chitsike I, Kasilo O & Mwaluko G (1999)

The costs of hospital care at government health facilities in Zimbabwe with special emphasis on HIV/AIDS patients

Blair Research Institute, Ministry of Health & Child Welfare, Harare

The purpose of this study was to determine the costs of hospital care for HIV/AIDS and non-HIV/AIDS at hospitals at every level of the referral system. It was decided to determine for each of these two patient groups the costs per inpatient day, the average length of stay and the total costs of an inpatient stay.

Havens PL., Cuene BE et al (1997)

Lifetime costs of care of children with human immunodeficiency virus infection

Paediatric Infectious Diseases Journal 16:6607-10

Health Economics and HIV/AIDS Research Division (HEARD) (2001)

The cost of HIV/AIDS care in South Africa: A literature review

Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban

The financial sector is an integral part of the world economy. Investment, stability and economic growth in the developing world are dependent on the establishment and maintenance of a functioning set of financial institutions. The HIV/AIDS pandemic threatens to have, and in some cases has already had, a major impact on the sector. The sector depends on the skills of highly educated employees: if they become ill and die operations could be severely affected. The services offered by this sector often involve the assessment of risk. The HIV/

AIDS pandemic threatens to complicate the situation and to increase the cost of offering some of these services. There are, however, a number of innovative responses that have emerged, and continue to evolve. These responses help limit impact, but more are needed.

Henderson CW (2001)

Long-term immune-based therapy is safe and effective

AIDS Weekly, 9 July:11

Discusses research being done on the effectiveness of immune-based therapy (IBT), such as Remune, as sole treatment for HIV. Reference to a study conducted by the Trinity Medical Group USA, Inc and published in the September 2000 issue of the journal of Clinical and Diagnostic Laboratory Immunology; discussion on the benefits and cost effectiveness of IBT for the treatment of HIV; significance of the study findings to the treatment of HIV in developing nations.

Hensher M (2000)

Confidential briefing: The costs and effectiveness of using nevirapine or AZT for the prevention of MTCT of HIV-current best estimates for South Africa

Health Financing and Economics Directorate, Department of Health, Pretoria

Hollander D (2001)

Personalized HIV counseling and testing show promise in reducing risk behaviors

Family Planning Perspectives 33 (2):49

Reports the potential of personalised HIV counselling and testing in reducing the practice of risky behaviours among men and women who availed themselves of those services. Decline in the proportion of the participants who had unprotected intercourse after receiving individualised services; cost-effectiveness of voluntary counselling and testing; implications for personalised HIV prevention services in developing countries.

Hoppenbrouwer J (2000)

Preventing mother-to-child transmission of HIV: Setting the right priorities

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Hore R (1993)

The medical costs of AIDS in Zimbabwe

In: S Cross & Awhiteside (eds), 1993, Facing up to AIDS: The socio-economic impact in Southern Africa, Macmillan, South Africa

Hughes-Gibbs B (2000)

The care umbrellas of Kalafong – a continuum of holistic care and prevention for people infected and affected by AIDS

13th International AIDS Conference, Durban

The 'Care Umbrellas of Kalafong' is a unique series of linked modular care and prevention programmes in support of people infected or affected by AIDS. The programmes were designed by multi-disciplinary teams of professional and volunteer health, welfare, education, early child development specialists and general care givers drawn from an NGO (KERUX/MOHAU), the University of Pretoria, Kalafong Hospital and the community. The 6-year-old programmes, provide holistic care and prevention, which simultaneously address the physical, emotional, socio/economic, spiritual, legal/human rights and information needs of patients and their families. Care is provided for 7 500 HIV positive adults, 2 500 infected children and approximately 12 000 family members. Most of the people are from disadvantaged circumstances. The main thrust of the programme is to translate people from dependence to sustained socio/economic independence. The programmes include feeding and clothing schemes, employment of People Living With AIDS, and training in a range of income-generating skills. Specialist programmes include counselling and a legal/human rights advisory service. A Transport and Social Fund assists patients to obtain medical care. Dedicated children's facilities include a 30-bed hospice for respite and terminal care and a 35-bed children's home for AIDS-related abandoned or orphaned children. A community Child Life Centre is about to be built to address growth and development retardation problems in HIV infected and affected children. A successful fostering and adoption programme is also in place. Clinical drug trials, for infected mother/child pairs, are conducted under university ethical guidance. A recent development is the training of 50 people, from a nearby former township, in home-based holistic care. Negotiations are currently being held with the National Department of Welfare to replicate what is known as the KERUX/MOHAU Holistic Care Model in other parts of the country.

Jenkins C (2001)

Half the sky: Investing in HIV prevention and care

Culture Health & Sexuality 3 (4):483

Comments on the investments made in HIV prevention and care in Africa. Estimation of the cost associated in the health programmes; discussion of several interventions used; acceptance of sexuality by the society; development of vaccines and microbicides as alternative interventions.

Kaplan JE, Hu DJ, Holmes K, Jaffe HW, Masur H, DeCock KM (2000)

Preventing opportunistic infections in HIV-infected persons: Implications for the developing world

Discussion paper # 4, HTS, USAID

The spectrum of opportunistic infections (OIs) varies among regions of the world. Different OIs seem to be prevalent in different parts of the world. TB is the most common serious OI in sub-Saharan Africa, and is also common in Latin America and Asia. Bacterial and parasitic infections are prevalent in Africa. Protozoal infections are common in Latin America. Fungal infections appear to be more common in Southeast Asia. Research is needed to determine the spectrum of OIs and the efficacy of various prevention measures in resource-poor countries.

Keiser P, Nassar N, Kvanli MB, Turner D, Smith JW, Skiest D (2001)

Long-term impact of highly active antiretroviral therapy on HIV-related health care costs

Journal of Acquired Immune Deficiency Syndromes (JAIDS) 27 (1):14

Provides information on a study that determined the long-term effects of highly active antiretroviral therapy (HAART) on HIV health care use and cost. Overview on HAART; methodology; results; conclusions.

Kinghorn AW, Lee TCM, Karstaedt AS, Khuonane B & Schneider H (1996)

Care of HIV-infected adults at Baragwanath Hospital, Soweto

South African Medical Journal 86 (11):1484-1493

Kitheka JK (2000)

Strategies to cope with the socioeconomic stress caused by HIV/AIDS

13th International AIDS Conference, Durban

The aim of the programme is to test and develop a cost effective and psychosocially convenient care system for people living with AIDS (PWAs). Current hospital care systems for PWAs often results in the depletion of families resource base, eventually leaving families destitute upon the death of their ailing members. It also plucks the sick away from the loving care of the family confines, subjecting them to protracted loneliness, suffering and death. Further, AIDS sufferers alone currently occupy over two thirds of national hospital beds, often for long periods of time, thereby denying access by and attention to other health issues. This programme aims to develop a home/community care system as opposed to hospital care, for PWAs to cope both with psychosocial and the economic impacts of HIV/AIDS. Skilled functionaries and specially trained health workers are used to train carers and potential carers as well as in outreach activities, which include home visits, counselling, treatment of opportunistic infections, supply of drugs/supplies and condoms as well as offering referral services. The programme extensively uses the traditional extended family and the relatively modern socioeconomic networks (eg. specific interest groups) in providing home based care and support for the affected and infected. Results: The programme has attracted local support and participation as well as increased voluntary HIV testing. However, it has been difficult to retain the trained home care givers in their role since they often go out to seek paying activities for their subsistence – leaving the task of care with the younger members of the family. It has therefore been widely recommended that an income-generating component be integrated into the project and to use elderly, more stable members of the family in the caring role.

Kumar MP (2000)

Cost effectiveness of prevention of mother-to-child HIV transmission in Karala, India

IAEN Conference, Durban

A cost effectiveness analysis of the anticipated results of various options/strategies was done. Cost benefits from early prevention due to avoidance of secondary cases are considerable and must be considered. The cost benefits of screening mothers go far beyond averting the births of infected children. The benefits achieved will include lower long-term medical costs, reduction in pain, suffering and mortality as well as increased productivity. In communities where the HIV prevalence among antenatal women is low, screening and counselling will become viable options only if they have well developed health infrastructure and only incremental costs need be met and the cost of treatment is high.

Ledru E et al (1999)

Prevention of wasting and opportunistic infections in HIV-infected patients in West Africa: A realistic and necessary strategy before anti-retroviral treatment

Sante 1999 Sept-Oct 9 (5)

Luzinda IN, Senabulya M & Musiitwa R (2000)

The quality and continued care for the PWAs at their homes, a case study in Taso Entebbe, Uganda

13th International AIDS Conference, Durban

In Uganda, one in four people is reported to have HIV. Unfortunately, for many, hospital care is not affordable due to the economic and social impact of AIDS on families. Secondly, accessibility to treatment centres is also a problem. Therefore, the need for home- and community-based care services was found to be a real necessity to the PWAs. In 1999, 100 clients who had AIDS manifestations were reported by care givers and caretakers. A 'home care team' comprised of nurses with counselling skills visited and followed them for six months offering them home counselling, medical/nursing care, personal hygiene and AIDS education. After six months 64 had improved health, 12 had died, conditions of 8 worsened and taken to their villages, while 16 had problems still persistent but had a will to live. The quality of life of PWAs is determined in large measure by their access to care at home. To bridge the gap and to improve the quality of life, home-based care is an important ingredient in this aspect.

Marseille E & Kahn JG (1999)

Manual for use of a cost-effectiveness tool for evaluating antiretroviral drug and substitute feeding interventions to prevent mother to child transmission of HIV

USAID, Washington DC

In 1999, an estimated 570 000 children aged 14 or younger became infected with HIV. Over 90% were babies born to HIV-positive women, who acquired the virus at birth or through their mother's breast milk. The vast majority of these cases occurred in sub-Saharan Africa and other low-income countries (UNAIDS, 1999). In this context it is imperative that mother-to-child HIV transmission (MTCT) prevention funds be used as efficiently as possible. The purpose of this MTCT Cost-Effectiveness Tool (CET) is to aid in achieving that goal by allowing decision makers to compare the cost-effectiveness of a range of MTCT prevention strategies

Marseille E, Kahn JG, Mmiro F, Guay L, Musoke P, Fowler MG, Jackson JB (1999)

Cost effectiveness of single-dose nevirapine regimen for mothers and babies to decrease vertical HIV-1 transmission in sub-Saharan Africa

The Lancet, 354:803-809

Background identification of economical interventions to decrease HIV-1 transmission to children is an urgent public health priority in sub-Saharan Africa. The authors assessed the cost effectiveness of the HIVNET 012 nevirapine regimen. The authors assessed cost effectiveness in a hypothetical cohort of 20 000 pregnant women in sub-Saharan Africa. The main outcome measures were programme cost, paediatric HIV-1 cases averted, cost per case averted, and cost per disability-adjusted life-year (DALY). The authors compared two implementation strategies: counselling and HIV-1 testing before treatment (targeted treatment), or nevirapine for all pregnant women (universal treatment, no counselling and testing). For universal treatment with 30% HIV-1 seroprevalence, the HIVNET 012 regimen would avert 603 cases of HIV-1 in babies, cost US\$83 333, and generate 15 862 DALYs. The associated cost-effectiveness ratios were \$138 per case averted or \$5.25 per DALY. At 15% seroprevalence, the universal treatment option would cost \$83 333 and avert 302 cases at \$276 per case averted or \$10.51 per DALY. For targeted treatment at 30% seroprevalence, HIVNET 012 would cost \$141 922 and avert 476 cases at \$298 per case averted or \$11.29 per DALY. With seroprevalence higher than 3% for universal and 4.5% for targeted treatment, the HIVNET 012 regimen was likely to be as cost effective as other public-health interventions. The cost effectiveness of HIVNET 012 was robust under a wide range of parameters in the sensitivity analysis. The HIVNET 012 regimen can be highly cost-effective in high seroprevalence settings. In lower seroprevalence areas, when multidose regimens are not cost effective, nevirapine therapy could have a major public-health impact at a reasonable cost.

Martin A (1996)

The cost of HIV/AIDS care

In: J Mann & D Tarantola, AIDS in the World II: global dimensions, social roots, and responses, Oxford University Press, New York

Martin AL, Van Praag E & Msiska R (1996)

An African model of home-based care: Zambia

In: J Mann & D Tarantola, AIDS in the World II: global dimensions, social roots, and responses, Oxford University Press, New York

Mathews C, Coetzee N, van Rensburg A, Lombard CJ, Ballard RC, Schierhout G & Fehler HG (1998)

An assessment of care provided by a public sector STD clinic in Cape Town

International Journal of STDs and AIDS, 9 (11):689-94

A study was undertaken in a Cape Town public sector STD clinic to evaluate the content and quality of care provided since it has been recognised that appropriate improvements in the management of conventional STDs, including provision of correct therapy, health education, condom promotion and partner notification, could result in a reduced incidence of HIV infection. The objectives were to assess patients' needs for health education and to assess the quality of STD management in terms of health education, condom promotion, partner notification, the validity of the clinical diagnoses and the adequacy of the treatments prescribed. The majority of patients were not receiving education for the prevention of STDs including HIV. Many were not receiving adequate treatment for their infections. The introduction of a syndromic management protocol in this setting would substantially reduce the proportion of inadequately-treated patients. However, syndromic protocols, and the means by which they are implemented, need to take into account problems with the clinical detection of genital ulcerative disease and candidiasis in women.

McGregor K (2001)

Care in a country under siege

Times Higher Education Supplement, 1512:18

Introduces home-based care for HIV-positive patients in KwaZulu-Natal, South Africa. Advantages of the programme; involvement of hospitals, clinics and hospices in public-private partnerships for continuum of care; prevention strategies of the disease.

McIntyre J & Gray G (1999)

Mother-to-child transmission of HIV: where to now?

AIDS Bulletin, 8 (1):16-8.

Metrikin AS et al (1995)

Is HIV/AIDS a primary-care disease? Appropriate levels of outpatient care for patients with HIV/AIDS

AIDS, 9 (6):619-23

Msobi N & Msumi Z (2000)

HIV/AIDS and other chronic conditions: home-based care cost study, Bagamoyo district – Tanzania

International AIDS and Economics Network (IAEN) Conference, Durban

The report shows that the cost for home-based care (HBC) is comparatively lower than institutional care. It stands at US\$66 per day, while the cost of hospitalisation is US\$4.9. The cost of home visits is comparatively lower than the cost of female programmes in the region. This can be explained by the fact that HBC operated from first line health facilities, reduced the average travel distance to 10 kms per day. It can also be concluded that much of the cost of care has been transferred to households and that much of this was shouldered by women. The estimated household costs/opportunity cost stands at US \$22 per month. Cost reduction can further be achieved if care providers come from stations as close to the patients as possible. This suggests that there is a need for distance optimisation. In fact, the use of volunteers from the communities, as HBC providers is the better and cheaper option.

Mwinga A (2000)

Prophylaxis for HIV infection in a health setting

Presented at HIV/AIDS in the Commonwealth 2000/01, Durban

Naomi Rutenberg; Mary Lyn Field-Nguer and Laura Nyblade, International Center for Research on Women (2001)

Community Involvement in the Prevention of Mother-to-Child Transmission of HIV: Insights and Recommendations

Population Council, ICRW International Centre for Research on Women, Washington DC

Mother-to-child transmission is the primary route of HIV infection in children under 15 years of age. Since the beginning of the HIV epidemic, an estimated 5.1 million children worldwide have been infected with HIV (UNAIDS 2000). Clinical trials in several countries have shown that mother-to-child transmission of HIV can be greatly reduced through administering a short, affordable course of antiretroviral therapy to pregnant women. These trials culminated in a recommendation by UNAIDS and its partners in the Interagency Task Team for the Prevention of Mother-to-Child Transmission that prevention of perinatal transmission should be a part of the standard package of care for HIV-positive women and their children (UNAIDS 2000). Moreover, it is quickly becoming clear that prevention programs can enhance communities' understanding of and response to HIV. As a result, governments in Africa, Asia, and Latin America in collaboration with international and

nongovernmental organizations have moved rapidly to improve antenatal care and incorporate interventions to prevent transmission of HIV from mother to child into clinical and community-based care. The acceptability, operational concerns, costs, and impact of this package of services on preventing mother-to-child transmission of HIV and on child morbidity and mortality are being addressed through a number of monitoring and evaluation activities (see, for example, Leonard, Mane, and Rutenberg 2001). Equally important questions are being raised about how such interventions will be understood and received in the various communities in which they are becoming available, and how the interventions themselves can benefit from community input and involvement. In 1999 the Population Council and the International Center for Research on Women (ICRW) initiated several activities to identify effective mechanisms for enhancing community involvement in efforts to prevent mother-to-child transmission. With support from Glaxo Wellcome's Positive Action Program and UNAIDS, the Population Council and ICRW reviewed the literature on community involvement in the introduction of technologies and assessed community views on preventing mother-to-child transmission in Botswana and Zambia. In addition, the Horizons Program, implemented by the Population Council, ICRW, and others with support from USAID, has documented community responses to the introduction of such Action Program and UNAIDS, the Population Council and ICRW reviewed the literature on community involvement in the introduction of technologies and assessed community views on preventing mother-to-child transmission in Botswana and Zambia. In addition, the Horizons Program, implemented by the Population Council, ICRW, and others with support from USAID, has documented community responses to the introduction of such prevention services in Kenya and Zambia.

O'Brien J, Pierce D, Patrick A & Caro J (2001)

Managing AIDS in the era of antiretroviral therapy: changes in the rate and cost of hospitalisation

Value in Health, 4(5):131

PANOS Institute (2000)

Beyond our means? The cost of treating HIV/AIDS in the developing world

The PANOS AIDS Programme, London

At least twelve million people in the developing world urgently need the antiretroviral drugs which suppress HIV and indefinitely postpone symptoms of AIDS. But the vast majority live in the world's poorest countries and cannot afford the high cost of such drugs, medical tests and consultations. Pharmaceutical manufacturers claim that high prices reflect research and development costs. Activists allege that they reflect the desire to make large profits. The price of antiretrovirals is not the only factor preventing treatment for AIDS reaching the developing world. Health care systems are often weak, with far too few doctors, nurses and medical facilities. Antiretrovirals are ineffective without regular laboratory tests and skilled personnel able to advise on the appropriate treatment

Rely K & Bertozzi S (2001)

Comparison of cost effectiveness of selected interventions to Reduce MTCT of HIV in a low prevalence country (Mexico)

Powerpoint presentation. Division of Health and Policy, INSP, Mexico; Institute for Global Health, University of California, San Francisco

Russell M & Schneider H (2000)

A rapid appraisal of community-based HIV/AIDS care and support programmes in South Africa

Centre for Health Policy, University of Witwatersrand, Johannesburg

A review of 20 community-based care and support projects was conducted. The definition of, and package of activities varied enormously. Many projects were faced with having to find solutions for orphaned children. Overall, there was a need to build capacity, to be clear about the role for government. There was also a need for general guidelines.

Sacks H, Bell J, Rose DN & Sacks HS (1998)

Cost-effectiveness of isoniazid preventive therapy for HIV infected people in sub-Saharan Africa

International Conference on AIDS, 1998

To perform a cost-effectiveness analysis of isoniazid preventive therapy (IPT) for HIV-infected sub-Saharan African adults with positive tuberculin skin tests. IPT decreases the lifetime incidence of TB cases by 36%, extends life expectancy by 0.82 years, and costs US\$36 per life-year saved. Under optimistic assumptions regarding effectiveness in the years following IPT and the costs of IPT and treating TB and IPT adverse effects, IPT decreases the lifetime incidence of TB cases by 63%, extends life expectancy by 4.99 years, and reduces total medical care costs. Under pessimistic assumptions, IPT decreases the lifetime incidence of TB cases by only 18%, minimally shortens life expectancy and increases medical care costs by US\$31 per person. The most important variables are the costs of IPT and TB treatment and effectiveness in the years following IPT. IPT could both save lives and reduce total medical care costs if the cost of preventive therapy could be moderately reduced.

SAFAIDS (2000)

HIV prevention and AIDS care in Africa: a district level approach

SAFAIDS, Harare

This well-conceived source book. Based mainly on experience in Tanzania, explores the many components of a comprehensive district AIDS programme:

Sanei L (2000)

Palliative care for HIV/AIDS in less developed countries

The Synergy Project, Discussion Paper # 3, HIV/AIDS Division of USAID, Washington DC

Palliative care models emphasise patient's physical, spiritual and psychosocial comfort during the terminal stages of illness. Palliative care for HIV/AIDS extends more broadly, given the long term nature of infection. This paper suggests that palliative care is a comprehensive care which is affordable and can be delivered in the home.

Sims R & Moss V (2000)

Fact finding mission relating to HIV/AIDS care in South Africa

Department of Health, Pretoria

Skordis J (2000)

Mother to child transmission of AIDS: What is the cost of doing nothing?

Bachelor of Commerce (Hons), School of Economics, Cape Town, SA

Soderland N, Zwi K, Kinghorn A & Gray G (1999)

Prevention of vertical transmission of HIV: Analysis of cost effectiveness of options available in South Africa

British Medical Association, 318:1650-6.

This paper reviews the cost effectiveness of vertical transmission prevention strategies by using a mathematical simulation model. A Markov chain model was used to simulate the cost effectiveness of four formula feeding strategies, three antiretroviral interventions, and combined formula feeding and antiretroviral interventions on a cohort of 20 000 pregnancies. All children born to HIV positive mothers were followed up until age of likely death given current life expectancy and a cost per life year gained calculated for each strategy. The chosen setting was a working class, urban South African population. Low cost antiretroviral regimens were almost as effective as high cost ones and more cost effective when formula feeding interventions were added. With or without formula feeding, low cost antiretroviral interventions were likely to save lives and money. Interventions that allowed breast feeding early on, to be replaced by formula feeding at 4 or 7 months, seemed likely to save fewer lives and offered poorer value for money. It is concluded that antiretroviral interventions are probably cost effective across a wide range of settings, with or without formula feeding interventions. The appropriateness of formula feeding was highly cost effective only in settings with high seroprevalence and reasonable levels of child survival and dangerous where infant mortality was high or the protective effect of breastfeeding substantial. Pilot projects are now needed to ensure the feasibility of implementation.

Stally A (2000)

AIDS Briefs for sectoral planners and managers: Media sector

UK NGO AIDS Consortium (1997)

Access to HIV treatments in developing countries

UNAIDS (2001)

A media handbook for HIV vaccine trials for Africa

UNAIDS, Best Practice Collection, Geneva

UNAIDS (2000)

AIDS: Palliative Care

UNAIDS Technical Update, Geneva

Palliative care aims to achieve the best quality of life for patients (and their families) suffering from life-threatening and incurable illness, including HIV/AIDS. Crucial elements are the relief of all pain-physical, psychological, spiritual and social and enabling and supporting caregivers to work through their own emotions and grief.

UNAIDS (1999)

Comfort and hope: six case studies on mobilising family and community care for and by people with HIV/AIDS

UNAIDS, Best Practice Collection, Geneva

UNAIDS (2000)

HIV and health care reform in Phayao: From crisis to opportunity

UNAIDS, Geneva

This report deals with HIV/AIDS in Phayao province, Northern Thailand. HIV prevalence peaked in 1992. In the following years, several campaigns and initiatives were launched by national and provincial government, NGOs, and communities, to deal with the crisis by way of a multisectoral response and a health care reform. In 1997, a significant decrease in seroprevalence among groups studied in 1992, could be registered.

USAID (2001)

Report of Congress: USAID efforts to prevent mother-to-child transmission of HIV/AIDS

The Synergy Project, Washington DC

Uys LR (2000)

An Evaluation of the Integrated Community Based Home Care Model: Final Report

Hospice Association of Southern Africa

Van Praag T (1998)

Care programmes for people living with HIV/AIDS

In: Operational approaches to the evaluation of Major Program Components, Noriega-Minichiello, World Health Organization

Care and support for people living with HIV/AIDS is an important component of a nation's response to the epidemic. The increasing number of people infected by HIV have put a great burden on health care systems making it apparent that there is a need for appropriate care and support. Care and support activities can draw on a variety of resources throughout a continuum, to impact those affected and infected.

Vos A (1998)

HIV/AIDS care programmes should include poverty alleviation interventions

12th International AIDS Conference, Geneva

Many breadwinners are the first to die from AIDS in rural and urban African families, leaving no support for families, creating dependency on the larger community. While one may successfully teach families to care for sick loved ones, provisions are not necessarily made for the family. The approach was taken at projects in the urban and rural areas in the Eastern Cape Province, and KwaZulu-Natal, in South Africa, where future breadwinners were identified and appropriate skills developed to enable them to provide for their families. Many of the new breadwinners were taught trench gardening methods. Some became so successful at that they were able to sell vegetables to neighbours, others were referred to technical training centres where they learned sewing, knitting, and silk screening and other skills. HIV/AIDS cannot be seen in isolation, development must be seen as an integral part of HIV/AIDS care programmes. Home carers were trained in helping families identify new breadwinners, in determining family needs, assessing breadwinner potential and interests, networking with training institutions, and referral to other support organisations. The result has been that families where this development has occurred are less dependent on social services, remain financially active in communities, and stay together as family units.

Weissman E, Sentumbwe-Mugisa O, Mbonye AK, Lissner C (1999)

Costing Safe Motherhood in Uganda in Reproductive Health Matters: Safe Motherhood Initiatives Critical Issues

Blackwell Science Ltd, Oxford, UK, 1999

The Ugandan government is implementing a comprehensive safe motherhood programme in an effort to reduce high levels of maternal and neonatal morbidity and mortality in the country. The 'Mother-Baby Package' of the World Health Organization is used to set standards regarding the scope and quality of the health care provided to pregnant women and newborn babies. To provide programme planners with a better appreciation of the costs entailed in implementing the Mother-Baby Package, a costing study was done using a standard WHO methodology. It was found that the Ugandan government presently spends about US\$0.50 per capita on maternal and newborn health care. To upgrade this care to conform with the standards and guidelines set forth in the Mother-Baby Package would cost approximately US\$1.40 per capita, representing an incremental cost of US\$0.90. The inclusion of capital and overhead costs would raise the cost to approximately US\$1.80 per capita, bringing the incremental cost up to US\$1.30. This study assisted national authorities, donor governments, and other partners at the national level in considering the substantial recurrent cost

implications of providing higher-quality maternal and newborn care, and in doing so it has facilitated an important dialogue on maternal and newborn health care financing and sustainability issues.

WHO (1999)

Feasibility assessment of using antiretroviral therapy to prevent vertical transmission of HIV from mother-to-child in Cambodia

World Health Organization (WHO), Western Pacific

This paper documents a feasibility assessment of antiretroviral therapy to prevent vertical transmission in Cambodia. A recent study shows that a short course regimen of a single 200mg oral dose given to women at onset of labour and a 2mg/kg dose given to neonates within 72 hours of birth, reduced the transmission rate by at least 47% from 28% to 13.1%. Key issues affecting costs would be the price of drugs, HIV prevalence, capacity to administer the drug, the acceptability of treatment and compliance, and the secondary effects of nevirapine, if any. The paper concludes that it is not recommended to enlarge the ARV treatment programme to areas where initial investment in training and equipment of testing for HIV has not yet taken place. Where this investment has been made, however, running pilot projects in these selected locations is feasible, contingent on donor funding.

WHO (2002)

Mother-baby package costing spreadsheet

Department of Reproductive Health and Research, WHO, Geneva, www.who.int/reproductive-health/economics

The Mother-Baby Package Costing Spreadsheet is a spreadsheet tool that estimates the cost of implementing at the district level a package of interventions to reduce maternal and newborn mortality and morbidity. The tool is targeted at district and national level planners and managers. The spreadsheet is based on the interventions identified in WHO's Mother-Baby Package. The tool was tested in Uganda and Bolivia. We actively promote its use in countries, but we are not always involved in the applications of the tool, so we are not in a position to know all of the countries and settings in which it has been used.

WHO/UNAIDS (2000)

Key elements in HIV/AIDS care and support

Draft working paper, WHO & UNAIDS

Wilder R (2001)

Protection of traditional medicine

Commission on Macroeconomics & Health, WHO. Working Paper Series No WG4: 4

The importance of traditional medicine as a source of primary health care was first officially recognised by the World Health Organization (WHO) in the Primary Health Care Declaration of Alma Ata (1978) and has been globally addressed since 1976 by the Traditional Medicine Program of the WHO. The member states of WHO have defined 'traditional medicine' as having a long history and comprising the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences, indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. The terms complementary/alternative/nonconventional medicine are used interchangeably with traditional medicine in some countries. The paper will discuss the role and importance of traditional medicine in health care with particular emphasis on the protection of traditional medicine. The paper will examine the work that has been done to date by non-governmental organisations, academics, governments, and by relevant intergovernmental organisations. In particular, it will cover: 1) Definition of subject matter: A definition of traditional knowledge, with particular emphasis on traditional medicine; 2) Role of traditional medicine: An indication of the role of traditional medicine'– in particular in respect of products that may have applications in the treatment of disease outside of the local context in which the traditional medicines were developed; 3) Concerns regarding protection: Concerns of holders of traditional knowledge have regarding the protection of that knowledge – in particular in the field of traditional medicine; 4) Role of intellectual property protection: The role of intellectual property in (a) protecting contributions made by holders of traditional medical knowledge, (b) preventing third parties from obtaining protection for such contributions not made by them, and (c) interfacing with customary law; 5) Problems identified regarding intellectual property protection for traditional knowledge: Concerns have been expressed by holders of traditional medical knowledge and by some governments – in particular of developing countries – about the suitability of intellectual property protection for traditional knowledge, giving rise to calls for a sui generis system of protection.

Willbond B, Thottingal P, Kimani J, ME Vaz L & Plummer FA (2001)

The evidence base for interventions in the care and management of AIDS in low and middle income countries

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5 29

Winsbury R (1999)

HIV vaccine development: Would more (public) money bring quicker results?

AIDS Analysis Africa, 10 (1):11-3

Vaccine development is faced with a financial dilemma: there are no returns on investments in products to be marketed in developing countries. New approaches have been mooted by the World Bank, and by international partnerships between companies and universities in industrialised and developing countries. Examples are two new HIV vaccine development projects based on partnerships between Oxford University and Nairobi University, and between the US company Alphavax and UCT.

Wood E, Braitstein P, Montaner JSG, Schechter MT, Tyndall MW, O'Shaughnessy MV & Hogg RS (2000)

Extent to which low-level use of antiretroviral treatment could curb the AIDS epidemic in sub-Saharan Africa

The Lancet, 355:2095-100

Despite growing international pressure to provide HIV-1 treatment to less-developed countries, potential demographic and epidemiological impacts have yet to be characterised. We modelled the future impact of antiretroviral use in South Africa from 2000 to 2005. The authors produced a population projection model that assumed zero antiretroviral use to estimate the future demographic impacts of the HIV-1 epidemic. With no antiretroviral use between 2000 and 2005, there will be about 276 000 cumulative HIV-1-positive births, 2 302 000 cumulative new AIDS cases, and the life expectancy at birth will be 46.6 years by 2005. By contrast, 110 000 HIV-1-positive births could be prevented by short-course antiretroviral prophylaxis, as well as a decline of up to 1 year of life expectancy. The direct drug costs of universal coverage for this intervention would be US\$54 million – less than 0.001% of the per-person health-care expenditure. In comparison, triple-combination treatment for 25% of the HIV-1-positive population could prevent a 3.1-year decline in life expectancy and more than 430 000 incident AIDS cases. The drug costs of this intervention would, however, be more than \$19 billion at present prices, and would require 12.5% of the country's per-person health-care expenditure. Although there are barriers to widespread HIV-1 treatment, limited use of anti-retrovirals could have an immediate and substantial impact on South Africa's AIDS epidemic.

World Bank (2000)

Accelerating an AIDS vaccine for developing countries: Recommendations for the World Bank

World Bank, Washington DC

This paper presents the findings and recommendations of the World Bank AIDS Vaccine Task Force, formed in April 1998 to identify how the institution can accelerate the development of an AIDS vaccine for developing countries, as part of its broader program to combat AIDS and in collaboration with its international and development partners.

Zwi K, Soderlund N & Schneider H (2000)

Cheaper antiretrovirals to treat AIDS in South Africa

BMJ, 320:1551-2

Zwi KJ, Pettifor JM & Soderlund N (1999)

Paediatric hospital admission at a South African urban regional hospital: the impact of HIV, 1992-1997

Annals of Tropical Paediatrics 19:135-142, The Liverpool School of Tropical Medicine

This study documents the changes over time in prevalence of HIV infection among hospitalised children, and its effect on the profile of disease and in -hospital mortality over the period 1992-1997.

Abbott MF (2002)

Agreement on trade related aspects of intellectual property rights

British Commission on Intellectual Property Rights, London

Abbott MF (2002)

WTO TRIPS Agreement and its implications for access to medicines in developing countries

British Commission on Intellectual Property Rights WHERE

This study accepts the consensus of experts that developing countries should make use of policy options such as compulsory licensing and parallel importation to increase the supply of low-price medicines and vaccines. The interests of the OECD and its consumers will not be undermined by such action since, inter alia, Pharma is not significantly dependent on profits from developing countries to pursue its research mission. The Doha Declaration on the TRIPS Agreement and Public Health mandates that the agreement be interpreted in a manner that supports public health interests and promotes access to medicines for all. This study analyses the TRIPS Agreement in light of that mandate. As of January 1, 2005, developing countries (excluding least developed) will be required to implement and enforce pharmaceutical product patent protection and operationalise patents based on mailbox applications that were submitted during the TRIPS transition period. At that time, the world supply of low-price of patent medicines will decrease. Not only will supplies of low-price medicines within developing countries decrease, but supplies available for export by these countries will gradually diminish.

Bale HE Jnr (2001)

Consumption and trade in off-patented medicines

Commission on Macroeconomics & Health, WHO, Geneva. Working Paper Series # WG4: 3

Barton JH (2001)

Differentiated pricing of patented products

Commission on Macroeconomics & Health, WHO, Geneva. Working Paper Series # WG4: 2

Braithmaitc, J and Drahos P (2000)

Developing countries and international intellectual property standard-setting

Global Business Regulations

The report examines the extent to which developing countries influence outcomes in the international intellectual property standard-setting process. It concludes that developing countries have comparatively little influence. The main reason lies in the continued use of webs of coercion by the US and EU, both of which remain united on the need for strong global standards of intellectual property protection

Cagatay N (2001)

Trade, gender and poverty

Background paper, UNDP, New York

This paper provides a review of the theoretical and empirical literature on gender inequalities and international trade, paying special attention to the impact of trade liberalisation policies on gendered patterns of employment and work conditions. It relates this discussion to the debates on the relationship between trade policy, income inequality and poverty.

Correa C (2001)

Patent law, TRIPS and R&D incentives: A southern perspective

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 12

Correa CM (2000)

Integrating Public Health concerns into patent legislation in developing countries

www.southcentre.org.

This document presents options for the design and implementation of public-health-sensitive patent policies in developing countries. It examines approaches to selected issues in patent law that may help to strike a balance

between the public and private interests involved in the protection of health-related inventions, including those of states, patients, and of the suppliers of health-related goods and services. This document has been prepared as part of an initiative aimed at exploring health-related aspects of intellectual property rights that may further the needs of the poor and excluded in developing countries. It is primarily addressed to policy makers and others concerned in the field of public health in developing countries.

Correa CM (1999)

Intellectual property rights and the use of compulsory licences: Options for developing countries

www.southcentre.org

The purpose of this paper is to provide concrete examples on how compulsory licenses have been provided for in national laws and, in particular, to illustrate the grounds and conditions on which such licenses have been granted in specific instances. The emphasis of the paper is not on the general principles relevant to the matter, but on the ways in which compulsory licenses have been actually provided for or used in order to satisfy diverse public interests. Many of the decisions pertaining to the granting of compulsory licenses in the developed countries may be useful in indicating the options available to developing countries wishing to have adequate legislation at the national level on this matter. The decisions referred to also make it clear that compulsory licensing is firmly rooted in the legal systems of developed countries, including those that seem to oppose that concept in international fora. Though the application of compulsory licensing in a number of different areas of intellectual property is addressed, this paper focuses mainly on its application in the field of patents. The paper first gives a brief background history of compulsory licensing, including the origin and diffusion of the concept in different areas of intellectual property rights. This is followed by an analysis of the concept of compulsory licenses and of its regulation under the TRIPS Agreement. Based on comparative law and jurisprudence, the grounds for granting compulsory licenses are then reviewed, including examples of decisions taken in particular cases. Finally, the paper discusses available evidence on the extent to which the compulsory licensing system has been effective in achieving its intended aims in different countries.

Danzon P (2001)

Differential pricing for pharmaceuticals: Reconciling access, R & D and intellectual property

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 10

Department of Health (2000)

HIV/AIDS policy guideline: Tuberculosis and HIV/AIDS

Department of Health, Pretoria

TB is the most common disease and the leading cause of death in people living with HIV/AIDS. HIV, by attacking the immune system, makes a person who is infected with TB bacilli more likely to get sick with TB. TB can be prevented in people living with HIV/AIDS, and cured. The brochure offers practical advice on how to prevent, diagnose and treat TB and to deliver care to patients with the symptoms of TB and HIV/AIDS, and when to refer patients to more specialised care.

Fink C (2000)

How stronger patent protection in India might affect the behaviour of transnational pharmaceutical industries

Development Research Group, The World Bank, New York

How do stronger patent rights affect the behaviour of patent rights of transnational corporations in developing countries? How are market structure and consumer welfare affected by extending patent protection to products that could previously be freely imitated? Will research-based transnational corporations devote more resources to the development of technologies relevant to the needs of developing countries? This paper addresses these questions in the particular context of the Indian pharmaceutical industry. It simulates the effects of introducing patent protection for pharmaceutical products – as required by the WTO Agreement on Trade Related Intellectual Property Rights (TRIPS) – on market structure and static consumer welfare. The theoretical model developed for the simulation analysis accounts for the complex demand structure for pharmaceutical goods. Consumers can choose among therapeutic substitute drugs that are available to treat a particular disease. In addition, for each drug, they have the choice among various brands that are chemically equivalent, but differentiated through the promotional activities of pharmaceutical manufacturers.

Floyd K & Gilks K (2001)

Costs and financing aspects of providing anti-retroviral therapy

IAEN Online, www.iaen.org

The economic aspects of providing ARVs to HIV-infected people and exposed health workers are one of a number of important considerations that can be analysed to help inform policy development. This paper therefore addresses such aspects.

Gertler P & Hammer J (1997)

Strategies for pricing publicly provided health care services

World Bank, Policy Research Department

Harries AD, Nyangulu DS, Hargreaves NJ, Kaluwa O, Salaniponi FM (2001)

Preventing antiretroviral anarchy in sub-Saharan Africa

The Lancet 358

Combination antiretroviral therapy has dramatically improved the survival of patients living with HIV and AIDS in industrialised countries of the world. Despite this enormous benefit, there are some major problems and obstacles to be overcome. 1) Treatment of HIV-infection is likely to be lifelong. 2) Unfortunately, many HIV-infected individuals cannot tolerate the toxic effects of the drugs, or have difficulty complying with treatment that involves large numbers of pills and complicated dosing schedules. Poor adherence to treatment leads to the emergence of drug-resistant viral strains that need new combinations of drugs or new drugs altogether.

Harvard University (2001)

Consensus statement on antiretroviral treatment for AIDS in poor countries

Harvard University+D512

Overview: The worldwide AIDS pandemic continues to gather force. An estimated 36 million people are infected with HIV and face disease and early death unless they receive appropriate life-extending medical care. In addition to tremendous human suffering, the pandemic has become a major cause of social, political and economic instability. In wealthy countries, there has been dramatic success in the fight against HIV/AIDS, success that has been largely achieved through the use of antiretroviral therapy. Those with access to this treatment have enjoyed tremendous gains in survival and quality of life. Yet despite this success, antiretroviral therapy remains largely inaccessible in the world's poorest countries, where interventions have focused almost exclusively on prevention. With soaring death rates from HIV/AIDS in low-income countries, both the prevention of transmission of the virus and the treatment of those already infected must be global public health priorities. Past objections to AIDS treatment in poor countries fall into several categories. First, poor countries lack the adequate medical infrastructure to provide AIDS treatment safely and effectively. Second, difficulties with adherence to complicated medication regimens would promote and spread drug resistance. Third, antiretroviral drugs are expensive, and the treatment cost is too high for the US and other wealthy countries to finance without siphoning resources away from HIV prevention programmes and other worthy development goals. Finally, commitment from political leaders in Africa and other poor regions is not sufficient to underpin a major international effort towards providing AIDS treatment. As signers of this Consensus Statement, members believe the objections to HIV treatment in low-income countries are not persuasive and that there are compelling arguments in favour of a widespread treatment effort. Falling prices of antiretroviral drugs have dramatically altered the economics of HIV treatment, and obstacles to treatment such as poor infrastructure can be overcome through well-designed and well-financed international efforts. Appropriate treatment can not only prevent infected individuals from succumbing to life-threatening illness from AIDS but may play a major role in prevention both by reducing the viral load of those under treatment and by encouraging greater participation in prevention programmes. A considerable body of evidence suggests that effective AIDS treatment is now possible in low-income countries. Through large-scale, scientifically monitored programmes, the development and sustainability of highly effective AIDS treatment strategies remains promising in settings of poverty and high AIDS prevalence.

Henderson CW (2001)

Bulk medicine-buying program works for TB, could do same for AIDS drugs

TB & Outbreaks Week 10 July:13

Discusses research being done on the bulk-buying medicines for the TB programme of the WHO. Reference to a study by Heymann et al., published in the June 22 2001 issue of periodical The New York Times News Service. Cost of a 6-month supply of TB drugs for the programme; conditions of the programme; action of pharmaceutical companies with patent-protected HIV drugs.

Keusch GT & Nugent RA (2001)

The role of intellectual property and licensing in promoting research in international health: Perspectives from a public sector biomedical research agency

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 7

Langan M & Collins C (1998)

Paving the road to an HIV vaccine: Employing tools of public policy to overcome scientific, economic, social and ethical obstacles

Monograph Series, Center for AIDS Prevention Studies, AIDS Research Institute, University of California, San Francisco

Lanjouw JO (2001)

A proposal to use patent law to lower drug prices in developing countries

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 11

There are two identifiable types of diseases in developing countries. Some, such as malaria, are specific to poor countries, but many others, such as cancer, have a high incidence in all countries. These differences give rise to quite distinct drug markets. In particular, for global diseases, pharmaceutical industry profits derived from having a monopoly over sales in poor countries make only a marginal contribution to total world-wide profit and therefore the incentives to invest in research. At the same time, even a small price increase due to such a monopoly in a poor country can greatly reduce the number of people able to purchase patented drugs and the welfare of those who do. This paper describes a policy that could improve on the current patent regime by acknowledging these differences in markets and what they imply for optimal patent protection. It allows protection to strengthen for diseases specific to developing countries where a clear argument can be made that some form of new incentives are warranted. At the same time, it effectively keeps protection at its current level in situations where increased profits are less likely to generate new innovation.

Lok V (2000)

AIDS: Patent rights versus patient's rights

The Lancet

After the discovery of combination antiretroviral therapies that could transform HIV infection from a death sentence to a chronic disease, the use of such combinations spread widely in more-developed countries, and AIDS-related mortality in Europe and the US dropped by more than 70%. In less-developed countries – home to 95% of people living with HIV – the past 4 years have been starkly different, characterised more by death and societal disruption than by hope and treatment. Access to AIDS drugs in less-developed countries took centre stage at the International AIDS Conference in Durban, South Africa from July 9-14. The most expensive ever sold. 13 years later, the drug remains unaffordable for most people with AIDS. They will have to wait another 5 years before the patent expires.

Maskus, K.E. (2000)

Intellectual property rights and foreign investment

Centre for International Economic Studies, Adelaide

This paper reviews the theory and evidence on how intellectual property rights may influence decisions on FDI and technology transfers. The message is that, while there are indications that strengthening IPRs can be an effective incentive for inward FDI, it is only a component of a broader set of factors. Policy makers should recognize the complementarities among IPRs, market liberalization and deregulation, technology development policies, and competition regimes. These are complex issues, leading to complicated tradeoffs for market participants. Governments may wish to devote considerable attention and analysis to devising means for assuring their countries will achieve net gains from stronger IPRs and additional IPRs and licensing over time.

Maskus, K.E. (2001)

Parallel imports in pharmaceuticals: Implications for competition and prices in developing countries

World Development Indicators, World Bank, New York

Parallel imports (PI), also called grey-market imports, are goods produced genuinely under protection of a trademark, patent, or copyright, placed into circulation in one market, and then imported into a second market without the authorization of the local owner of the intellectual property right. This owner is typically a licensed local dealer. For example, it is permissible for a trading firm to purchase quantities of prescription drugs in Spain and import them into Sweden or Germany without the approval of the local distributor owning licensed patent rights. Indeed, rules of the internal market in the European Union permit parallel trade among those countries in virtually all goods. Note that these goods are authorized for original sale, not counterfeited or pirated merchandise. Thus, parallel imports are identical to legitimate products except that they may be packaged differently and may not carry the original manufacturer's warranty. The ability of a right-holder to exclude PI legally from a particular market depends on the importing nation's treatment of exhaustion of intellectual property rights (IPR). As discussed further below, a regime of national exhaustion awards the right to prevent parallel imports, while one of international exhaustion makes such imports legal.

Meier E (2001)

Debate over cost of AIDS drugs in Africa: Children remain the most vulnerable

Pediatric Nursing, 27(3):309

Addresses several health issues and concerns. Cost of drugs for the treatment of AIDS in Africa; decrease in the funding for graduate medical education in children's hospitals; decline in the incidence of child abuse and neglect.

Ministerial Conference (2001)

Declaration on the Trips Agreement and Public Health

WHO, Geneva

Ngwena C (2000)

Access to drugs: The limitations of South Africa's section 15 of the medicines and related substances control act

13th International AIDS Conference, Durban

Section 15 of South Africa's Medicine and Related Substances Control Act of 1997 makes provision for the supply of affordable medicines. In pursuit of the protection of public health, it permits the Minister of Health to authorise the importation of medicines which are already registered in South Africa, but ostensibly in disregard of the manufacturer's patent rights. Section 15, which is about parallel importation and has the potential of rendering drugs more accessible in the wake of HIV/AIDS, has been the subject of national and international controversy, with the government very much on the defensive side. The paper appraises the case for s15 of the Act against the backdrop of an international legal order which recognises patents and other intellectual property restrictions on medicines, including those that are life-saving. Agreements reached through the Global Agreement on Tariffs and Trade and the World Trade Organisation are a formidable constraint on any attempt to circumvent strict adherence to patent restrictions through mechanisms such as parallel importation and compulsory licensing. Apart from moral arguments which cast inflexible intellectual property restrictions on drugs in the wake of HIV/AIDS as short-sighted and indifferent to human suffering, better-endowed countries share a quasi-legal or human rights obligation to assist the developing world in securing better access to drugs. International co-operation that is envisaged under instruments such as the International Covenant on Economic, Social and Cultural Rights points towards a waiver of patent rights where the developing world faces a dire human and economic calamity.

Perez-Gasas Garmen, Mace Cecile, Berman Daniel, Doubnle Julia (2001)

Accessing ARVs: untangling the web of price reductions for Medicins Sans Frontieres

Only one year ago prices of antiretroviral drugs put them out-of-reach of the vast majority of people living in developing countries. But as a result of international pressure and generic competition, prices are being reduced considerably. The rapidly changing price of antiretroviral (ARV) drugs resulting from numerous discount offers made by the pharmaceutical companies vary in source and nature and are increasingly difficult to follow. Pharmaceutical companies have acted independently, within the framework of the Accelerated Access Initiative or through direct negotiations with governments or health care providers. Different restrictions apply to each of the producer's discounts. Objective information on ARV prices worldwide is vital for governmental procurement agencies, as well as other potential users to make the best decision when dealing with ARV supply. This information seeks to complement international efforts already in place, which aim to disseminate information on prices. One of these initiatives is the (third edition) of the UNICEF, UNAIDS Secretariat, WHO/HTP, MSF publication Sources and prices of selected drugs and diagnostics for people living with HIV/AIDS.

Rodrik D (2001)

The global governance of trade: As if development really mattered

UNDP, New York

Studies in developing countries have generally looked at cost effectiveness of NTCT in populations with high HIV prevalence and low health indices and poor health infrastructure. It is generally believed that mother to child HIV transmission prevention programmes are cost effective only when the HIV prevalence among pregnant mothers is fairly high. This paper attempts to show that even in developing countries, where the health infrastructure is well developed, a large portion of the health care is taken up by the private sector and the cost of caring for those with AIDS is high, it might be cost effective to go in for an early prevention strategy rather than wait till the prevalence mounts up.

Sandler T & Arce D (2001)

A conceptual framework for understanding global and transnational goods for health

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG2: 1

Scherer FM & Watal J (2001)

Post-trips option for access to patented medicines in developing countries

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG4: 1

Schieber G & Maeda A (1999)

Health care financing and delivery in developing countries

Health Affairs, 18(3):193

Looks at trends in health care financing and delivery in developing countries. Global income, population and disease burden; per capita income, outcomes and health inputs; health spending patterns; basic issues in health care reform.

Teixeira, P.R (2001)

National AIDS Drugs Policy

Ministry of Health in Brazil

The Brazilian HIV/AIDS drug policy has been highly debated and criticised, particularly at the time of its implementation by the national authorities in the early 90s. The dearth of trained health professionals and the poor structure of the health services, the lack of laboratories capable of monitoring the infection, and the patients' capacity of adhering to treatment were hotly questioned. National and international experts and health professionals, managers of programs of prevention and care of people living with HIV/ AIDS, staff responsible for the budgetary and financial execution of public monies and international organisations argued amid reports of treatment assessment and cost-benefit studies and projections both favourable and contrary to the implementation of a such a costly policy for the State. However, fortunately, reality not only corroborated our policy; over and above, the statements of its most optimistic defenders were outdone by their remarkably positive results. The quality of the government-provided services is reflected by the significant improvement in the health status and in the control of the infection among people living with HIV/AIDS. To this more immediate consequence of the antiretroviral regimens recommended by the Brazilian Ministry of Health one must add several social, economic and political benefits, both palpable and yet to be achieved, without precedent in the history of Public Health in our country. At the present time, the success of the program for the free and universal distribution of these drugs to every patient who needs them cannot be doubted. In addition, its repercussion may contribute to the global debate on the access of people living with HIV/ AIDS to antiretroviral treatment, with strong priority to the poorest countries, which bear the heaviest brunt of an epidemic that, according to UNAIDS data, was responsible for 5.3 million new infections and 3 million AIDS deaths in 2000 alone. The so-called developing countries suffer from the lack of public resources, social problems and political oppression. AIDS has shown, in bright and sharp colours, all the contrasts unveiled by the epidemic in these countries when its threat does not elicit a response or is not tackled with the responsibility, competence and a humanist and solidary planning that are necessary. This document retraces the most recent history of the unquestionable advances in laboratory care and in the treatment of HIV infection and assesses its development from the perspective of the unique Brazilian experience in the efforts for the prevention and control of the epidemic.

Velasquez, G. & Boulet, P. (1999)

Globalization and access to drugs: Implications of the WTO/TRIPS Agreement

WHO, Geneva

The aim of this document is to inform people in the health sector with no particular legal background about the impact of globalization on access to drugs, and especially about the WTO agreement on intellectual property (TRIPS Agreement) that may have repercussions in the pharmaceutical field. Therefore, the paper is meant to be non-technical in nature and does not deal with all aspects of patents nor of the TRIPS Agreement, but examines the Agreement only from the perspective of public health and access to drugs. The first part gives an introduction to the international trade system from the GATT to the WTO. These cond part analyses the section on patents of the TRIPS Agreement in relation to access to essential drugs.

Wallace MR, Tasker S, Shinohara YT, Hill HE, Chapman GD, Miller LK (2001)

The changing economics of HIV care

AIDS Patient Care & STDs, 15 (1):25

Evaluates closed clinics of 425 HIV-infected patients over the period of 1995-1998 to determine the cost effectiveness of changes in the care and treatment of these patients. Tripling of the costs of antiretroviral therapy over three years; 90% decline in annual mortality among AIDS patients over the period.

Adetunji J & Meekers D (2001)

Consistency in condom use in the context of HIV/AIDS in Zimbabwe

J Biosoc Sci, 33 (1):121-38

Against the backdrop of a high prevalence of HIV infection in Zimbabwe, this paper analyses data from the 1997 Zimbabwe Sexual Behaviour and Condom Use Survey to throw light on the degree to which sexually active adults consistently use condoms in high-risk sexual situations. The multivariate results indicate that at the time of the survey, consistent condom use in non-marital relationships is significantly higher for males than females, higher among those who had access to information about condoms from multiple sources than among those with limited access, and higher among those who have positive attitudes to condoms than among those with negative attitudes. Even though consistent condom use with non-marital partners is higher for those who know a source where condoms can be obtained, this effect is due to the fact that these respondents have more positive attitudes towards condoms. Likewise, the higher levels of consistent condom use exhibited by those who are aware of the efficacy of condoms are due to the fact that men have higher awareness of this, and men use condoms more consistently than women. In sum, the results suggest that the effects of the respondents' sex and their knowledge of the prophylactic importance of condoms and where condoms might be obtained are a function of other socioeconomic advantages they have. It is, therefore, concluded that programmes that use mass media information, education and communication campaigns to reduce shyness, embarrassment and stigma about condom use can help increase consistent use of condoms in non-marital relationships in Zimbabwe.

Attawell K (1998)

HIV/AIDS knowledge, attitudes, beliefs and behaviours in South Africa

Beyond Awareness Campaign, Department of Health, Pretoria

A fairly comprehensive although not exhaustive review of KAP studies done in South Africa up to 1998. Points to areas in particular need of attention and the need for integration of what is known in this area. Although there is much contextual data it has been difficult to put together a national profile because of the lack of standardisation of methodologies and indicators used and because of lack of data in certain areas.

Attawell K & Grosskurth H (1999)

From knowledge to practice: STD control and HIV prevention

European Union HIV/AIDS Programme in Developing Countries, European Union, Brussels

To provide empirical evidence for policy-makers about the potential contribution of STD control to HIV infection rates and about the feasibility and affordability of this strategy in developing countries, the EC and National Institute for Health (NIH) initiated and funded two major community trials, in Tanzania and Uganda. At the same time, the EC commissioned the development of a simulation model, STDSIM, to explore STD transmission dynamics and the impact of different STD control interventions on HIV spread, in order to provide an additional tool for decision-making. STD control needs to encompass a wide range of interventions, of which syndromic management is only one. Strategies to improve symptom recognition, prompt treatment seeking and partner referral are also required. In HIV prevention programmes, STD control must be complemented by primary prevention interventions, including information, education and communication to reduce sexual risk behaviour and promote condom use.

Broomberg J, Soderlund N & Mills A (1996)

Economic analysis at the global level: A resource requirement model for HIV prevention in developing countries

Health Policy 38 (1):45-65

Chandran J, Aylur Kailasom S, Solomon S, Santhanam, A, Plewman C & Crane S (2000)

Community based social marketing in India – a unique concept

13th International AIDS Conference, Durban

As the HIV/AIDS epidemic and STDs continue to advance at a rapid pace in India, the strategies to promote condom usage and other quality reproductive health care products is imperative. Conventional product delivery mechanisms have their own advantages but lack personal interaction and end user knowledge levels remain unmeasured. An alternative to the conventional social marketing methodology was tested at Chennai, south India, between July '97 and December '99 with the following objective. 'Test if remunerating individuals for their effectiveness in selling products through word of mouth networks can significantly increase the demand for supply of the reproductive and sexual health products.' Some 8 000 people from the community registered to become active change agents and 40% were women. 75% of all the people who attended the initial training sessions, enrolled as change agents and close to 50% of the condoms and sanitary pads sold

were on repeat purchase indicating a strong demand creation. If this project is further fine-tuned to enrol change agents on a predetermined economic incentive pattern, a strong community movement is envisaged. Community outreach meetings and network creation is a positive indicator in a conservative environment such as this city in south India, with strong traditional values and beliefs.

Costigan A, Ngugi E, Odek WO, Plummer FA, Moses S & Oneko M (2000)

The applicability of micro-finance models in providing economic alternatives to HIV vulnerable sex workers in Nairobi
13th International AIDS Conference, Durban

Many marginalised women in Nairobi, Kenya are 100% dependent on commercial sex. Such dependence renders them vulnerable to client refusal to use condoms and STI/HIV infection. The sex workers persistently request income-generation support to reduce/eliminate their dependence on sex work. Two hundred and nine commercial sex workers were, therefore, recruited by the University of Nairobi into an alternative economic activities study to explore the extent of their uptake of credit and small business activity through an adapted micro-finance model and the impact of this uptake on safer sexual behaviour. An initial baseline was conducted and a follow-up credit and training needs assessment carried out. 90 out of 209 women withdrew participation prior to receiving credit funds. The women exited the study for the following reasons: a) 24.2% feared their capacity to meet the weekly repayments; b) 16.8% did not like or wish to be a co-guarantor of the loans of the other women in their small group of 5 or larger group of 25; c) 14.7% reported domestic problems; d) 11.6% did not know the women in their credit group well enough; e) 8.4% were rejected by their group members; f) 7.4% felt that the first loan of US\$143 was too small to start a business. Data from the exit survey suggests that if the micro-finance model is to serve the HIV vulnerable female sex workers, it needs to be applied in a way that suits their context. Women without prior business experience should be given added training, the loan guarantee groups should be formed with women who know each other very well, and where applicable, new approaches used to complement existing models.

Dayaratna V, Winfrey W, Hardee K, Smith J, Mumford E, McGreevey W, Sine J & Berg R (2000)

Reproductive health interventions: Which ones work and what do they cost?

The Futures Group International, Washington DC

Given the scarcity of resources available to implement the ICPD Programme of Action, this paper assesses effective interventions and their cost for three main components of reproductive health: family planning, safe motherhood, and STD/HIV/AIDS prevention and treatment. The paper also suggests some of the economic criteria governments can use to determine the role of the public sector in providing and/or financing reproductive health services.

De Coito AJ (1999)

Periodic presumptive treatment of women at high-risk

In: B Williams & C Campbell, 1996, HIV/AIDS management in South Africa: Priorities for the mining industry, Epidemiology Research Unit, Johannesburg

De Coito T et al (2000)

Forging multi-sectoral partnerships to prevent HIV and other STIs in South Africa's mining communities

In: Impact on HIV, Family Health International, Washington DC

In three years of implementation, Lesedi's approach to community-based STI prevention and treatment for women at high risk of infection has developed from a small pilot project to a self-sustaining intervention that is being replicated in mining communities and other areas with similar transmission dynamics. This paper provides an overview of the initiative.

Desmond C (2000)

Prevention: How much does it cost?

African Bulletin 48

FHI (2000)

Forging Multisectoral Partnerships to prevent HIV and other STIs in South Africa's mining communities

Available from <<http://www.fhi.org/en/aids/impact/iohiv/ioh21/ioh216.html>> [Accessed April 2002]

FHI (2002)

Issues in the Financing of Family Planning Services in Sub-Saharan Africa: The need for additional funds for family planning in Sub-Saharan Africa

Available from <<http://www.fhi.org/en/fp/fpother/economics/briefs/brief1.html>> [accessed May 2002].

Forsythe S (2001)

Approaches to economic evaluation of HIV/AIDS interventions

In P. Lamptey & H. Gayle HIV/AIDS prevention and care in resource-constrained settings: Handbook for the design and management of programs. FHI, Arlington, VA.

Gordon P & Crehan K (1999)

Dying of sadness: Gender, sexual violence and the HIV epidemic

UNDP, Geneva

The proportion of HIV/AIDS infections attributable to sexual violence is unknown. Existing evidence on gender and sexual inequality, together with data on the distribution of HIV among specific groups and locations, and available information on the nature and scale of sexual violence (particularly against women and girls), suggest that it is likely to be significant. In the short-term, effective responses require clearly defined strategies that are locally relevant and sensitive, which provide support services for victims, including recourse to justice and the punishment of perpetrators. Longer-term strategies need to be based upon consideration of both the specifically gendered and sexualised nature of this violence and the need to address these at the level of community and culture rather than of individual perpetrators and victims. A South African example project 'Sinamandla okumvimbela. Re ya mamella' designed to address a pervasive 'culture of sexual violence' is not only documenting the extent of sexually violent behaviour, but is contributing to its primary prevention by identifying specific 'resilience' factors among the large number of men who are not sexually violent.

Grassly NC, Garnett GP, Schwartlander B, Gregson S & Anderson RM (2001)

The effectiveness of HIV prevention and the epidemiological context

Bulletin of the World Health Organisation, 79, pp. 1121-1132.

Health Systems Trust (HST) (1997)

Focus on HIV/AIDS and STDs

Update # 30 HST, Durban

Herdt G (ed) (1997)

Sexual cultures and migration in the era of AIDS: Anthropological and demographic perspectives

Oxford University Press, Oxford

Hodgkinson, Neville (2001)

So, only Africans have sex?

New African 399:32

Focuses on impact of AIDS infections on Africa. Role of mass media in the promotion of aversion to the disease; significance of racism on assumptions of African sexuality; actions taken by governments to avail of foreign aid.

Holtgrave DR, Qualls NL & Graham JD (1996)

Economic evaluation of HIV prevention programmes

Annual Review of Public Health 17:467-88

Programme managers and policy-makers need to balance the costs and benefits of various interventions when planning and evaluating HIV prevention programmes. Resources to fund these programmes are limited and must be used judiciously to maximise the number of HIV infections averted. Economic evaluation studies of HIV prevention interventions, reviewed and critiqued here, can provide some of the needed information. Special emphasis is given to studies dealing with interventions to reduce or avoid HIV-related risk behaviours. 93 cost-benefit, cost-effectiveness and cost-utility analyses were identified overall. However, only 28 dealt with domestic, behaviour change interventions; the remainder focused on screening and testing without prevention counselling, and on care and treatment services. There are compelling demonstrations that behavioural interventions can be cost-effective and even cost-saving. The threshold conditions under which these programmes can be considered cost-effective or cost-saving are well defined. However, several important intervention types and multiple key populations have gone unstudied. Research in these areas is urgently needed.

Jha P, Vaz LME, Plummer F, Nagelkerke N, Willbond B, Ngugi B, Moses S, John G, Nduati R, MacDonald KS & Berkley S (2001)

The evidence base for interventions to prevent HIV infection in middle-income countries

Commission on Macroeconomics & Health, WHO. Working Paper Series # WG5: 2

Over the last two decades, HIV has infected more than 50 million people worldwide and killed more than 16 million people. Most infections have occurred and continue to occur in the developing countries. While care issues have attracted most attention, the overwhelming priority for countries is to prevent additional people from being infected. In this paper, the authors systematically review the evidence base for interventions that reduce sexual and non-sexual transmission. They examine interventions by centrality to the HIV epidemic, their amenability to effect change, and their cost-effectiveness. Highly effective interventions that may reduce HIV incidence by up to 80% exist, including peer-based programmes targeted to sex workers and high-risk heterosexual or homosexual men and management of sexually-transmitted infections. In addition, effective interventions to reduce transmission from injecting drug use, and from mother-to-child are also available. While accelerating vaccine development, HIV/AIDS programming needs to give the highest priority to these interventions. However, these interventions have not been implemented with the scale and vigor necessary to have a sustained impact at national level in any developing country except Thailand. Spending on the implementation of interventions needs to increase by several multiples of its current level and more spending on intervention research is needed. Control of the HIV epidemic is possible provided the highest impact prevention interventions are implemented on a much wider scale.

Johannesson M, Jönsson B & Karlsson G (1996)

Outcome measurement in economic evaluation.

Health Economics, 5, 279-296.

Johnson-Masotti AP, Laud PW, Hoffmann RG, Hayat MJ & Pinkerton SD (2001)

Probabilistic cost-effectiveness analysis of HIV prevention: Comparing a Bayesian approach with traditional deterministic sensitivity analysis

Evaluation Review 25 (4):474

Presents a probabilistic cost-effectiveness analysis of HIV prevention. Comparison with a Bayesian approach with traditional deterministic sensitivity analysis; quantifying uncertainty.

Kelly K (2000)

Communicating for action: A contextual evaluation of youth response to HIV/AIDS

Beyond Awareness Campaign, Department of Health, Pretoria

This paper presents the findings of a study of youth attitudes, perceptions and knowledge at six sentinel sites in South Africa. The sites are diverse and range from rural sites in the Eastern Cape to a tertiary institution in the Northern Province. The study concludes that among the youth there is both regular exposure to HIV/AIDS information and a generally high perception of vulnerability. It also points to the accessibility of condoms and their fairly widespread (albeit inconsistent) use. It however points to an underplaying by the media of other preventative measures including 'being faithful' and abstinence. The report suggests that discontinuation of sexual activity is an option that is least strongly supported by the media but may be an attractive option for a 'surprisingly high proportion of youth'.

Kelly K & Parker W (2000)

Communities of practice: Contextual mediators of youth response to HIV/AIDS

Beyond Awareness Campaign, Department of Health, Pretoria

A qualitative follow-up of Kelly (2000), which explores social factors that explain the findings of the former quantitative survey. The report strongly points to the lack of effective and sustained institutional and community mobilisation to support behaviour changes. The study points to the need for a social epidemiology approach and points to the limited focus of behavioural prevention programmes. The need for, and some suggestions towards an improved conceptual model for understanding behavioural change in development contexts, is described.

Kelly K, Parker W & Oyosi S (2002)

Pathways to action: HIV/AIDS prevention, children and young people in South Africa: A literature review

Save the Children, Pretoria

Kinghorn A, Steinberg M & Whiteside A (2001)

Responding to the socioeconomic impact of HIV/AIDS

In P. Lamptey & H. Gayle HIV/AIDS prevention and care in resource-constrained settings: Handbook for the design and management of programs. FHI, Arlington, VA.

Kumaranayake K & Watts C (2000)

The costs of scaling-up HIV prevention and care interventions in sub-Saharan Africa

13th International AIDS Conference, Durban

While there are strong HIV/AIDS interventions across Africa, few are implemented at a national scale. A key priority is the rapid expansion of activities. Despite this, resources to address HIV/AIDS have been relatively limited – external spending on HIV/AIDS in Africa was approximately US\$165 million in 1998. A key question is how much would it cost to scale-up different HIV/AIDS prevention and care strategies to a national level. A model-based approach is used to develop a method to calculate costs, and to obtain estimates of the resource requirements of scaling-up HIV/AIDS interventions. The model combines data taken from cost-studies, with data from 34 sub-Saharan African countries on sexual behaviour, HIV prevalence and other epidemiological, demographic and health systems variables. The model estimates the size of the groups that could be potentially reached by: youth interventions, interventions focused on sex workers and their clients, condom social marketing, increased public sector condom provision, improved STD management, voluntary counselling and testing, workplace interventions, blood safety measures, prevention of mother-to-child transmission, mass media, palliative care, clinical management of opportunistic infections, home-based care, care for HIV-infected infants, support for orphans, psychosocial support and counselling. Unit costs are then used to the total annual cost of implementing the scaled-up interventions at different levels of coverage.

Lamptey PR & Gayle HD (Eds) (2001)

HIV/AIDS Prevention and Care in Resource-Constrained settings: Handbook for the Design and Management of Programs

Family Health International/IMPACT, Arlington, VA

Lurie M, Harrison A, Wilkinson D & Abdool Karim S (1997)

Circular migration and sexual networking in rural KwaZulu-Natal: Implications for the spread of HIV and other sexually transmitted diseases.

Health Transition Review, Supplement 3:17-27

Patterns of migration do not simply arise out of chance. In South Africa, for example, migration patterns are a result of decades of legislation aimed at restricting the movements of the majority of the population and providing a steady flow of cheap black labour to the gold mines and other industries. In the new democratic South Africa, restrictive laws have been lifted, but circular migration remains a way of life for several million black South Africans. This paper examines the social and epidemiological implications of widespread circular migration from the perspective of a rural South African Health District. In particular, the authors report their findings on the patterns and prevalence of migration into and out of the Hlabisa Health District in rural KwaZulu-Natal, and the patterns of sexual networking of migrants and their rural partners. They conclude by examining the implications of these patterns of migration and sexual networking for the spread of HIV and other STDs.

MacPhail C, Campbell C, Williams B & van Dam J (2000)

Gender and the relative risk of HIV infection amongst young men and women in a South African township

13th International AIDS Conference, Durban

Data was collected as part of a study of gender and the relative risk of HIV infection in a South African township which is being used to inform an intervention to reduce transmission of HIV. If interventions such as these are to succeed in managing the spread of infection, it is important to understand the patterns of infection and the way in which social, economic and biological factors might combine to make young women particularly vulnerable to infection. By examining relative infectivity amongst young men and young women, and examine the extent to which such differences are associated with four behavioural factors. A random community survey to measure rates of HIV and STDs was conducted in 1998 amongst Carletonville residents aged 13-59 years. Within this sample 600 comparing the HIV/AIDS epidemics in Australia and sub-Saharan Africa.

Marks AS & Downes GM (1991)

Informal sector shops and AIDS prevention. An exploratory social marketing investigation

South African Medical Journal, 20:79(8):496-9

Marseille E, Kahn JG, Billinghamurst K, & Saba J (2001)

Cost-effectiveness of the female condom in preventing HIV and STDs in commercial sex workers in rural South Africa
Social Science and Medicine 52, pp. 135-148.

McCormick D, Munguti K, Ngugi E, Waweru A (2000)

Finance for health: An impact assessment of Kenya voluntary women rehabilitation centre's (KVOWRC) support programme for commercial sex workers (CSWS)

13th International AIDS Conference, Durban

Health, social and economic empowerment of commercial sex workers remains crucial for prevention and control of STD/HIV/AIDS. The Kenya VOWRC was started in 1992 and has about 600 CSWs who have received micro-credit. Loan repayments are better from CSWs who have exited sex work and are fully employed in alternative income generating activities and also those with a regular partner. In addition, there has been a marked improvement in their economic status. CSW intervention in Africa should include not only STD/HIV/AIDS education and counselling, but a micro-credit element so as to enable the women to make well-informed choices about their participation in sex work.

Merson MH, Dayton JM, & O'Reilly K (2000)

Effectiveness of HIV prevention interventions in developing countries

AIDS (Suppl 2), pp. S68-S84.

Morin S, Chesney M, Coates T (2000)

Future directions for HIV prevention in the developing world

In: Science to Community: Policy 1, University of California, San Francisco AIDS Research Institute, USA

Muirhead D, Kumaranayake L & Watts C (2001)

Economically evaluating the 4th Soul City series: Costs and impact on HIV/AIDS and violence against women

Soul City Institute for Health and Development Communication, Johannesburg.

Myer L, Matthews C & Little F (2002)

Condom use and sexual behaviors among individuals procuring free male condoms in South Africa: A prospective study

Sexually Transmitted Diseases, 29(4), pp.239-241

Ng'weshemi J, Boerma T, Bennett J, & Schapink D (Eds.)

HIV prevention and AIDS care in Africa: A District level approach. Costs of District AIDS programmes.

KIT Publications, Amsterdam.

Nzila N, Edidi B, Kolo M & Engele B (2000)

Factors that may explain the differences between HIV prevalence in countries surrounding the Democratic Republic of the Congo

13th International AIDS Conference, Durban

For more than a decade, HIV prevalence has been stable around 4-8% in the general population in Kinshasa, DRC, while it has increased dramatically in the neighbouring countries. The authors examined several health, education, demographic, economic indicators published by UNICEF and correlated them to HIV prevalence. They review the literature on determinants of HIV epidemic in the DRC and in its nine surrounding countries (Angola, Burundi, Central African Republic, Congo, Rwanda, Sudan, Tanzania, Uganda, Zambia). Affluence, poverty and inequality based on gender all help in the spread of HIV (GNP per capita: US\$110-670 ; male adult literacy rate: 52-87%; female adult literacy rate: 29-71%). Male circumcision (0-100%) is associated with low HIV prevalence (2.3-20.1%) in the general population. Percentage of male (15-40%) visiting a core group of female highly HIV infected sex workers (5-88%) contribute to the spread of HIV. Percentage of married women aged 15-19 years currently using oral contraception (8-26%) and cigarette smoking are simply markers of high-risk sexual behaviour. Older men are increasingly having sex with much younger girls in the hope that they are not infected. It is concluded that in Africa, cultural practices, behaviours and beliefs may explain differences between HIV prevalence rates in different countries. There is a need to look carefully at certain cultural sexual practices and behaviours such as anal intercourse, during menses, insertion of vaginal products, dry sex practice, contact with female commercial sex workers, initiation rituals and widow inheritance.

Odek WO, Costigan A, Ngugi E, Plummer FA, Oneko F & Moses S (2000)

Benefits of collaboration between HIV/STI prevention projects and Micro-enterprise Development Organizations (MDOs): Experience of the strengthening STD/AIDS control in Kenya project

13th International AIDS Conference, Durban

The multifaceted nature of both risk factors and effects of HIV/AIDS call for multi-pronged prevention and mitigation measures that address, in addition to specific behaviour patterns associated with the spread of HIV such as commercial sex work, the socioeconomic contexts that shape such behaviours. Among female sex workers in the slums of Nairobi, Kenya for instance, economic deprivation is the main reason for venturing to and remaining in commercial sex work. While a micro-enterprise development approach that emphasises the provision of small loans for low-risk but quickly repaying economic activities is acknowledged as an effective measure for improving the socioeconomic livelihoods of the poor, both HIV/AIDS prevention projects and Micro-enterprise Development Organisations (MDOs) have been notably slow in considering the potential benefits of their collaboration. The Strengthening STD/AIDS Control in Kenya Project has, with financial support from the Canadian International Development Agency, established a partnership with a small enterprise development organisation called Improve Your Business – Kenya. The objective of this partnership was to improve understanding of the effectiveness of providing support for alternative economic activities to female sex workers as an HIV prevention strategy. This collaborative approach between an HIV/AIDS prevention project and a micro-enterprise development organisation underscored the need for a multi-sectoral complementarity of efforts in the prevention and mitigation of HIV/AIDS. For prevention projects to be effective, they should avoid the grab-bag approach of seeking to address every complex dimension of the pandemic by seeking comparative advantage partnerships.

Parker W, Oyosi S, Kelly K & Fox S (2002)

On the Move: The Response of Public Transport Commuters to HIV/AIDS in South Africa

Centre for AIDS Development, Research and Evaluation (Cadre), Johannesburg

Pham-Kanter GB, Kanter A, Spencer DC & Steinberg MH (1998)

Characterising an epidemic: 10 years of patient attendance at a South African HIV clinic

12th International Conference on AIDS, Geneva

South Africa has experienced a dramatic rise in the number of patients infected with HIV. Using an observational database from the Johannesburg Hospital HIV Clinic, the authors describe the changes in HIV clinic attendance over a ten year period by disease severity and patient demographics. Patient data from a retrospective, longitudinal, computerized observational database of comprehensive clinical records of > 2 100 patients, seen between 1985 and 1995, were used. Automated disease staging was performed at each visit. For the analysis, cross-tabulations were performed, and a Poisson regression was used to identify determinants of visit frequency. Initial visits by white, male, homosexual patients plateaued around 50-100/year in 1989, while visits from heterosexual black patients had risen exponentially since 1989. In 1993, the number of new women attending the clinic exceeded the number of men. The ratio of asymptomatic visits to AIDS visits had remained constant (2:1) throughout the epidemic. The predictors of visit frequency were CD4 count and the number of new opportunistic infections and secondary indicators ($p < 0.01$). There was a weak negative association between visit frequency and the use of personal funds for medical care ($p < 0.05$). Gender and race/ethnicity were not associated with the number of visits. It is concluded that women and black patients make up the largest and fastest growing patient population, and therefore, special attention should be placed on their care. Two-thirds of all patients seen in the clinic are asymptomatic and could be cared for in a less-intensive environment. Severity of illness and economic resources are important determinants of clinic visits, but demographic factors such as race and gender are not.

Rao V, Gupta I, Lokshin M & Jana S (2001)

Sex workers and the cost of safe sex: The compensating differential for condom use in Calcutta

World Bank, Washington DC

The practice of safe sex by commercial sex workers is considered to be central in preventing the transmission of AIDS in developing countries. However anecdotal evidence suggests that sex workers may face large losses in income from using condoms because of a strong preference for condom-free sex among clients. This paper attempts to estimate the compensating differential for condom use among sex workers in Calcutta from a survey conducted in 1993.

Rice RE & Atkin CK (Eds) (2001)

Public Communication Campaigns, 3rd ed.

Sage, Thousand Oaks

Richter LM (1996)

A survey of reproductive health issues among urban black youth in South Africa

Society for Family Health, Johannesburg

This study examines a range of reproductive health issues amongst township youth in the three largest South African cities. Not specifically focussed on HIV/AIDS it provides insight into the social and psychological context of reproductive health behaviour amongst urban African youth. A useful annotated bibliography of literature on youth reproductive health is provided.

Rivers K & Aggleton P (1999)

Men and the HIV epidemic

UNDP, Washington DC

The authors argue that the emphasis of development interventions against HIV/AIDS on outreach programmes for women may be ineffective because they fail to take into account masculine sexual and social behaviours. One of the most important 'gaps' in work for improved sexual health, is the absence of clear information about men's attitudes toward sex and sexuality. Few programmes have been designed to involve men, even fewer have attempted to systematically evaluate and report on the impact and effects of the work undertaken. The paper suggests that involving men more fully in HIV prevention work is essential if rates of HIV transmission are to be reduced. This is likely to require a considerable scaling up of existing efforts and, in the absence of new resources, some re-orientation of existing gender sensitive programmes and interventions, many of which currently work with women alone. Further research in the following areas seems most pertinent: accurate and up to date information is needed on men's beliefs and practices in relation to gender, sex, sexuality and sexual health; systematic enquiry into sex between men is important; since risk-taking appears to be an important part of dominant ideologies of masculinity in a number of societies, it is important to develop a better understanding of risk-taking behaviour among men, especially among those who work in dangerous and/or isolated environments; since condoms still provide the most useful means of preventing HIV transmission, formative research is needed to identify non-stereotypical images and messages which might appeal to men and encourage increased condom use.

Rutenberg, N., Kehus-Alons., Brown, L., Macintyre, K., Dallimore, A., Kaufman, C (2001)

Transitions to Adulthood in the Context of AIDS in South Africa: Report of Wave I

Population Council, New York

This is a prospective study of reproductive behaviour and sexual health of adolescents in South Africa as well as their education and employment experiences, family and environmental conditions, and other factors in their lives that may influence their sexual behavior and choices. The Transitions study is designed to make an important contribution to our understanding of how the national Life Skills Programme works and contribute to designing and refining policies and programs that will improve the opportunities and capacities of adolescents and may contribute to changing behaviors and choices. The study design includes two rounds of data collection from adolescents (ages 14 - 22), data on their households and communities, and an exploration of some of the principal results from the survey data based on focus groups and other qualitative approaches. Additional data are collected at baseline and follow-up from all schools in the study area regarding the teaching of the Life Skills Programme in those schools. This report is designed to inform educators, policy makers, and the public in South Africa and beyond of the initial findings of the study. We focus in this report on describing the context of adolescence including education and employment experience, reproductive and sexual health knowledge and events and the coverage of the school-based Life Skills Programme. This detailed description is based on the first round of data collection from the Transitions study. In subsequent analyses, we will explore the interrelationships among study variables and, following a second round of data collection with the same respondents, evaluate the impact of Life Skills Programme.

Sayson R & Meya AF (2001)

Strengthening the roles of existing structures by breaking down barriers and building up bridges: Intensifying HIV/AIDS awareness, outreach, and intervention in Uganda

Child Welfare, 80(5):541

Focuses on the efforts of outreach groups to intensify HIV/AIDS awareness and intervention in Uganda. Impact of the HIV/AIDS epidemic on children; description of the socio-economic conditions of people affected by HIV/AIDS; details on the Eaglets Child Welfare Project.

Schapink D, van Poelje R, Reerink IH, Deliaon J & Gurung D (2000)

Strategy to involve rural workers in the fight against HIV/AIDS through community mobilisation programmes

Working Document, World Bank, Washington DC

This working paper reviews rural HIV/AIDS activities in sub-Saharan Africa to develop a framework of strategies to involve rural workers and rural communities in HIV/AIDS prevention and mitigation efforts.

Sikkema KJ (2002)

HIV Prevention Intervention among Abused Women in South Africa

Yale University Centre for Interdisciplinary Research on AIDS: CIRA Affiliated Projects, New Haven.

Soul City (2001)

Social change. The Soul City communication experience

Soul City Institute for Health and Development Communication, Johannesburg

Soul City (2001)

Soul City 4. Evaluation Executive Summary

Soul City Institute for Health and Development Communication, Johannesburg.

Soul City (2000)

Soul City 4. Impact evaluation: AIDS.

Soul City Institute for Health and Development Communication, Johannesburg.

Stillwaggon E (2000)

Determinants of HIV transmission in Africa and Latin America

International AIDS Economics Network (IAEN) Conference, Durban

Stillwaggon indicates that the fight against AIDS may be compromised by erroneously typifying the African situation as a special case. She indicates that the error stems from inadequately proven assumptions of African sexuality as a special case. These assumptions resulted in programmes emphasising behavioural modification rather than economic and biomedical factors. Consequently, efforts have centred on, for example, the promotion of condom use rather than the eradication of poverty and income inequality. The paper pursues the premise that 'economic and biomedical factors that are conventionally associated with greater susceptibility to infectious diseases in general will also be important determinants of HIV transmission in poor countries'. She consequently outlines the impact of poverty, malnutrition, parasitosis, labour migration and the dislocation of populations, lack of access to health care and medicines, prostitution, street children and lack of awareness of prevalence. She presents a regression of AIDS rates for 20 Latin American countries on per capita GDP, urbanisation rate, nutritional status and international migration. The model is statistically significant with the regression coefficients running in the expected direction – except for real per capita GDP which has a positive coefficient.

Stover J, Rehnstrom J & Schwartlander B (2000)

Measuring the level of effort in the national and international response to HIV/AIDS

13th International AIDS Conference, Durban

There are many measures of specific inputs to AIDS programmes (eg. number of condoms distributed, STD cases treated) and outcomes (eg., HIV prevalence, number of reported AIDS cases). However, there are no measures of the overall level of effort made in response to the epidemic. Such a measure would be useful for diagnosing areas where efforts are strongest and weakest, tracking changes over time and analysing the effect of programme effort in controlling HIV prevalence in regard to social, economic and cultural context. A joint activity to develop this measure has been undertaken by UNAIDS, USAID and the POLICY Project. The AIDS Programme Effort Index contributes to our understanding of the current status of programme effort and the role that programme effort plays in controlling the epidemic in various social and cultural contexts. It can be useful to build greater commitment for an effective response.

Stover J, Way PO (1995)

The impact of interventions on reducing the spread of HIV in Africa: Results from computer simulations

AIDS has quickly become one of the most serious health problems in many countries around the world. Over one million AIDS cases have been reported to the Global Programme on AIDS through the end of 1994. The actual number of AIDS cases since the beginning of the pandemic is estimated to be about 4.5 million. In addition, another 15 million people are estimated to be infected with HIV. The epidemic has been particularly severe in parts of Africa, where HIV prevalence among adults has reached 30 percent or more in some major cities.

Sweat M, Gregorich S, Sangiwa G, Furlonge C, Balmer D, Kamenga C, Grinstead O & Coates T (2000)

Cost-effectiveness of voluntary HIV-1 counselling and testing in reducing sexual transmission of HIV-1 in Kenya and Tanzania

The Lancet, 356:113-121

Access to HIV-1 voluntary counselling and testing (VCT) is severely limited in less-developed countries. We undertook a multi-site trial of HIV-1 VCT to assess its impact, cost, and cost-effectiveness in less-developed country settings. The cost-effectiveness of HIV-1 VCT was estimated for a hypothetical cohort of 10 000 people seeking VCT in urban east Africa. VCT was estimated to avert 1 104 HIV-1 infections in Kenya and 895 in Tanzania during the subsequent year. The cost per HIV-1 infection averted was US\$249 and \$346, respectively, and the cost per DALY saved was \$12.77 and \$17.78. The intervention was most cost-effective for HIV-1-infected people and those who received VCT as a couple. The cost-effectiveness of VCT was robust, with a range for the average cost per DALY saved of \$5.16-27.36 in Kenya, and \$6.58-45.03 in Tanzania. Analysis of targeting showed that increasing the proportion of couples to 70% reduces the cost per DALY saved to \$10.71 in Kenya and \$13.39 in Tanzania, and that targeting a population with HIV-1 prevalence of 45% decreased the cost per DALY saved to \$8.36 in Kenya and \$11.74 in Tanzania. With the targeting of VCT to populations with high HIV-1 prevalence and couples the cost-effectiveness of VCT is improved significantly.

Tallis V (2000)

Gender, feminism and HIV/AIDS: The global response to reduce women's vulnerability to HIV/AIDS

13th International AIDS Conference, Durban

Women's vulnerability to HIV has been well documented. The main reasons cited for vulnerability include biological, economic and social reasons. Women are more vulnerable due to their oppressed position in society. Vulnerability is understood on three interdependent levels: individual, societal and programmatic. In the absence of policies and programmes that work towards bridging the gender gap, many related HIV efforts will be ineffectual. Whilst individual and societal vulnerability has been well researched, little has been written on programmatic vulnerability – the role of HIV programmes in increasing or decreasing vulnerability. This presentation explores the extent to which the global response of National AIDS Control Programmes reduces or increases women's vulnerability to HIV/AIDS. National AIDS programmes have a responsibility to ensure that gender is an integral part of every programme and project' – from design to implementation and evaluation. AIDS interventions should fundamentally challenge the position of women in society.

Tallis V (1998)

The politics of vulnerability: women and the HIV/AIDS epidemic

Development Update 2 (2), Interfund and Sangoco, Johannesburg

Thomas L (2000)

HIV and integrated development planning: a review of current responses with a view to informing national guidelines

Department of Planning and Provincial affairs, Pretoria

UNAIDS (2000)

Costing Guidelines for HIV Prevention Strategies (UNAIDS Best Practice Collection)

UNAIDS, Geneva

UNAIDS (2000)

Guidelines for second generation HIV surveillance. National AIDS programmes: A guide to monitoring and evaluation

Geneva, UNAIDS.

Sets out the foundational principles of an integrated, contextually sensitive approach to HIV surveillance, which includes seroprevalence, behavioural, social mobilization and other aspects.

UNAIDS (2000)

National AIDS programmes: A guide to monitoring and evaluation. Geneva, UNAIDS

UNAIDS (1998)

Cost-effectiveness analysis and HIV/AIDS

UNAIDS, Geneva

UNAIDS (2001)

Cost-effectiveness analysis and HIV/AIDS: UNAIDS Technical Update

UNAIDS, Geneva

Cost-effectiveness analysis is a tool which enables programme managers and planners dealing with HIV/AIDS to make informed decisions about resource allocation. By measuring and comparing the costs and consequences of various interventions, their relative efficiency can be assessed and future resource requirements estimated.

UNAIDS (2001)

Gender and HIV

UNAIDS, Geneva

UNAIDS (2000)

HIV/AIDS prevention indicators survey for the general population aged 15-49: Field test reports – Burkina Faso, Costa Rica, Nigeria, South Africa, Tanzania, Thailand, Uganda

UNAIDS, Geneva

Six reports on field tests using UNAIDS/ Measure indicators for monitoring and evaluation. Points out various problems associated with use of standard indicators in different contexts and points to need for contextual adaptations. Includes a trial in Duncan Village, Eastern Cape, conducted by X.Mahlasela.

UNAIDS (2000)

Surveys on sexual behaviour

UNAIDS, Geneva

An overview of types of data available from recent surveys of sexual behaviour across the world. The 25 surveys were carried out by the global programme on AIDS and were aimed at providing information on knowledge, attitudes and behaviour with regard to AIDS.

USAID (1999)

Accelerating the Implementation of HIV/AIDS Prevention and Mitigation Programs in Africa

USAID Bureau for Africa

The purpose of this paper is twofold: To share experiences in dealing with constraints to expanding and improving HIV/AIDS program implementation based on USAID's work in the field over the past 15 years and to identify new issues, raised by country missions and partners in the field, in developing a bolder response commensurate with the gravity of the expanding HIV/AIDS pandemic in the region.

Varghese B & Peterman TA (2000)

Test and protect: HIV testing and counseling for HIV prevention in Africa

IAEN symposium, Durban

Watts C, Vickerman P, Mertens T, Bertozzi S & Tawil O (1999)

Sexwork impact model

London School of Hygiene and Tropical Medicine (LSHTM) & UNAIDS, London and Geneva