Policy and Program Implications of HIV/AIDS Research Findings: Prevention and Mitigation of the HIV Pandemic in Africa

Kampala, Uganda: December 10, 1995

sponsored by

Health and Human Resources Analysis for Africa (HHRAA) Project
USAID Bureau for Africa, Office of Sustainable Development
Support for Analysis and Research in Africa

BEST AVAILABLE
Summary Report of a Satellite Workshop
Held at the
IXth International Conference on AIDS and STDs in Africa

Kampala, Uganda: December 10-14, 1995

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Sheraton Kampala Hotel

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# Acronyms

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<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<tr>
<td>AIDSCAP</td>
<td>AIDS Control and Prevention Project</td>
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<tr>
<td>CEPED</td>
<td>Centre Francais sur la Population et le Development</td>
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<td>EEC</td>
<td>European Economic Community</td>
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<tr>
<td>HHRAA</td>
<td>Health and Human Resources Analysis for Africa</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICASA</td>
<td>International Conference on AIDS and STDs in Africa</td>
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<td>IPPF</td>
<td>International Planned Parenthood Foundation</td>
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<td>KHDS</td>
<td>Kagera Health and Development Survey</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>ODA</td>
<td>Overseas Development Agency</td>
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<td>PLWA</td>
<td>People Living With AIDS</td>
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<td>PSAPP</td>
<td>Private Sector AIDS Policy Presentation</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>PVO</td>
<td>Private Voluntary Organization</td>
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<td>REDSO</td>
<td>Regional Economic and Development Support Office</td>
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<td>SARA</td>
<td>Support for Analysis and Research in Africa</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>SYFA</td>
<td>Safeguard Youth From AIDS</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on AIDS</td>
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<td>USAID</td>
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Executive Summary

USAID's Bureau for Africa, under its Health and Human Resource Analysis for Africa (HHRAA) Project, has sought, in collaboration with a number of partners, to promote the use of research, analysis, and information to improve resource allocation, strategies, policies, and programs in health and human resource sectors in Africa. As in other sectors, it supports the use of state-of-the-art information to improve HIV/AIDS prevention and mitigation strategies and programs.

The HHRAA Project sponsored a satellite workshop at the IXth International Conference on AIDS and STDs in Africa (IXth ICASA) to discuss findings from selected research, and to identify key policy and program messages emerging from these studies and their implications for prevention and mitigation of HIV/AIDS and STIs in Africa.

This report summarizes the presentations and discussions at the workshop attended by close to 100 participants. The presentations and recommendations are organized around three themes: a) demographic, social, and economic impact of HIV/AIDS; b) private sector HIV/AIDS policies; and c) adolescent reproductive health. Selected highlights of the IXth ICASA are presented in this report to complement the discussion of emerging key policy and program orientations for HIV/AIDS prevention and mitigation in Africa.

The overall message is that HIV/AIDS is not only a health problem, but an economic and development problem as well. Thus HIV/AIDS has joined the many other development problems facing sub-Saharan Africa. The social and economic consequences of the HIV/AIDS pandemic affect households, communities, and all sectors of society and development. Expanded multidisciplinary and multisectoral approaches are urged for the prevention and the mitigation of HIV/AIDS in Africa.

An economic analysis conducted with five Kenyan companies indicates that HIV/AIDS is having the greatest effect on the following costs: absenteeism (36.1 percent), training (18 percent), burial (12.7 percent), health care (12.5 percent), and recruitment (11.9 percent). A study in Tanzania found that medical care and funeral costs pose a major financial burden for households experiencing adult deaths due to AIDS and other related causes. However, households have numerous strategies to cope, such as, adjusting household size and labor supply; selling assets; and borrowing and receiving of transfers from relatives and NGOs. The same Tanzanian study found preliminary evidence that indicates children are less likely to be enrolled in school if they have lost an adult female member of the household. Mitigating the impact of the HIV/AIDS pandemic on household, communities, and businesses in Africa will require new approaches and strategies.
Background

Key findings from some of the studies discussed at the workshop and at the IXth ICASA also indicate the need to strengthen basic surveillance systems for monitoring the prevalence and incidence of STDs and HIV. An increase in research funding for the development of social and behavioral interventions aimed at protecting women and adolescents, especially girls, from injection deserves highest priority for the prevention and mitigation of HIV/AIDS in Africa.

Background

The World Health Organization estimates that approximately 11 million adults and as many as one million children in Africa have been infected with HIV. Women are hard-hit by the epidemic. In most regions of Africa, the rate of infection among women equals or exceeds that of men. Women also are becoming infected at a significantly younger age than men, on average five to ten years earlier. By the year 2000, 7.5 million African women will have become infected with HIV.

HIV is spreading across the continent, accelerated by high rates of sexually transmitted infections (STIs). The HIV/AIDS epidemic is having short- and long-term economic impacts on Africa. In the short term, the economic impact is being felt in increasing health care costs. Over the long term, the impact will be felt through labor and domestic force losses. Because HIV/AIDS generally affects people in the most productive years of their lives, changes in the population profile as the epidemic advances will exacerbate existing skill shortages and create new ones, threatening productivity.

Africa is experiencing the explosion of HIV/AIDS, within the context of other significant social, health, and political problems rooted in economic crisis. These apparent impacts are augmented by the overwhelming presence of HIV. Life and career decisions are undoubtedly affected by an environment of early adult death.

A number of government and non-governmental organizations, program managers, and researchers now recognize the dimensions of the HIV/AIDS pandemic and are beginning to organize efforts toward prevention, control, and mitigation. These efforts require timely analysis of lessons learned and the development and dissemination of findings to guide decision making and resource allocation.

The USAID Bureau for Africa, under its Health and Human Resources Analysis for Africa (IIHRAA) project, has sought, in collaboration with a number of partners, to promote the use of research, analysis, and information to improve resource allocation, strategies, policies, and programs in health and human resource sectors in Africa. As in other sectors, it is expected that state-of-the-art information will be used to improve strategies and programs for HIV/AIDS, STIs, and tuberculosis, and to understand their impacts on development.
Objectives

The HHRAA Project sponsored a satellite seminar at the IXth International Conference on AIDS and STDs in Africa to explore how selected research findings can be linked to the decision making process for HIV/AIDS and STI prevention and mitigation in Africa. HHRAA's Support for Analysis and Research in Africa (SARA) component assisted the organization of the workshop through its Tulane University sub-contract. Dr. Duale Sambe, SARA Research Manager, was designated the technical coordinator for the workshop.

Objectives

The purposes of this workshop were to review selected research and analysis activities, mainly those funded under the HHRAA project, and to delineate and discuss the policy and program implications of the findings for control and mitigation of HIV/AIDS and STDs in Africa.

The specific objectives of this workshop were to:

- present an overview of the HHRAA analytic agenda on HIV/AIDS, and a summary of findings of selected studies;
- discuss the policy, program, and strategy implications of study findings; and
- identify the actions needed to support the use of study recommendations and tools for improving HIV/AIDS and STD prevention, control, and mitigation in Africa (including technical assistance, dissemination, advocacy, and utilization).

Welcome and Introduction

Around 100 participants who were in Kampala for the IXth ICASA attended the workshop. The participants represented a variety of national and international institutions involved or interested in the fight against HIV/AIDS and STDs in Africa. Representatives from USAID missions and offices in Africa were among the primary targets for this workshop. Unfortunately, due to communication and other constraints, not many representatives from USAID missions made it to the workshop.

Professor Gilbert Bukenya, Dean of the Faculty of Medicine, Makerere University, Kampala, hosted and co-chaired the workshop with Mr. William Lyerly, Jr., the Tropical and Infectious Diseases Coordinator for USAID's Bureau for Africa.

In his opening address, Professor Bukenya welcomed the participants to Kampala and stressed the importance of using research findings to guide the development of policies, strategies, and programs, especially on the issues of HIV/AIDS prevention.
Summary of Presentations and Discussions

and mitigation. Professor Bukenya commended USAID for its support of the global fight against HIV/AIDS in general, and the organization of this workshop in particular. He expressed concern about the debate in Washington on the future of foreign aid. Because HIV/AIDS is a major health and development issue in Africa, he hopes that USAID will continue its collaboration with national and international organizations to address HIV/AIDS issues.

Mr. Lyerly introduced the workshop by providing an overview of the analytic agenda on HIV/AIDS being implemented by the USAID Bureau for Africa. HIV/AIDS is being addressed not only as a health problem, but as a development issue. The analytic agenda aims to answer the question of how to develop integrated and multisectoral strategies and programs for the prevention and mitigation of HIV/AIDS in Africa. The analytic agenda also seeks to address HIV/AIDS with other sexually transmitted diseases and with tuberculosis.

Mr. Lyerly discussed the participatory process by which the USAID Bureau for Africa set its analytic agenda. He underscored the need to use the same participatory and collaborative process for the dissemination and use of information being generated by HHRAA-funded studies. The collaborative process was attested to by the representatives of various agencies who were present at the workshop.

Summary of Presentations and Discussions

The plenary presentations and the working group discussions were organized around the following three themes:

♦ demographic, economic, and social impacts of HIV/AIDS and STDs;

♦ private sector policies for the prevention and mitigation of HIV/AIDS; and

♦ adolescent reproductive health and HIV/AIDS.

Findings from the following five studies were presented at the workshop.

The Demographic Impact of HIV/AIDS in Three West African Cities: Abidjan, Dakar, and Ouagadougou

Dr. Michel Garenne of CEPED, Paris, France (formerly with the Data for Decision Making Project of the Harvard School of Public Health) summarized the study methodology and findings.

Potential sources of data are death reports for a population and reports on cause of death, which are available but not collated by the civil registry office or hospitals,
especially in large cities. The purpose of this study was to analyze all of the available data from these diverse sources in order to evaluate the demographic impact of HIV and AIDS in three capitals in West Africa: Abidjan, Dakar, and Ouagadougou. Because of the deficiencies in the current data collection system, the investigators have tried to construct models of the epidemic's progression from 1983 to 1992 in order to make short- and long-term projections. The model shows that the HIV infection incidence may have reached its highest level in 1987, while deaths due to AIDS started to increase at the same time.

One of the main messages of this study is that investing in the establishment and improvement of a comprehensive health information system should be the first step in assessing the impact of disease and the success or failure of interventions.

The regional office of the United States Agency for International Development (USAID/REDSO) in Abidjan initiated this study and provided financing for it. The study was conducted by the Harvard School of Public Health in Boston, in collaboration with the Réseau de Recherche sur le SIDA en Afrique de l'Ouest et Centrale (AIDS Research Network for West and Central Africa) based in Dakar, the Abidjan National Statistics Institute, the Abidjan National Institute of Public Health, the National Survey Office in Dakar, and the Faculties of Medicine in Abidjan, Dakar, and Ouagadougou.

The Economic Impact of Fatal Adult Illness due to HIV/AIDS and Other Causes in Sub-Saharan Africa

Dr. Martha Ainsworth, on behalf of a research team from the World Bank, Tanzania’s Muhimbili University College of Health Sciences, and the University of Dar es Salaam, gave an overview of the study.

Since 1991, the research team has been conducting a longitudinal socioeconomic survey of households throughout the Kagera Region of Tanzania known as the Kagera Health and Development Survey (KHDS). The objectives of the study were to measure the economic impact of fatal adult illness and to propose cost-effective strategies to help the survivors.

A stratified random sample of about 800 households across the Kagera region was surveyed four times at intervals of seven months. Markets, health facilities, schools, assistance agencies, and traditional healers were also surveyed during the study period. The research team is analyzing the data by comparing outcomes in households with and without an adult death.

Dr. Ainsworth highlighted selected results of the impact of adult death on household composition, consumption patterns, and economic activities. The three main
themes or messages emphasized by the research team in this study were: a) households do not respond passively to shocks such as death due to AIDS; b) although many families do cope successfully, some families are more vulnerable; and c) almost all these families face serious economic problems even without AIDS; with AIDS, these burdens can become unbearable.

Households "smooth" their consumption in the face of negative economic shocks due to an adult death by adding or subtracting household members, adjusting their labor supply, selling assets, borrowing, and engaging in transfers from extended family and relief organizations. Results show, however, that there are temporary adjustments in consumption levels and the distribution of household expenditure in response to adult death.

Analysis of expenditures in households with an adult death reported in the 12 months preceding the first interview reveals that expenditures on medical care and funerals of a household with a member who died represented 8.2 percent of total annual household expenditure! By comparison, in households where there is no adult death, expenditures over the same period on medical care and funerals are only 0.8 percent. Medical care and funeral costs pose a major financial burden for households experiencing adult death due to AIDS and other related causes.

The research team has also analyzed the impact of fatal adult illness on child schooling. The enrollment rate for all children aged seven to 19 in the project area was only 57 percent. Preliminary evidence indicates that orphaned children are less likely to be enrolled in school. However, once enrolled in school, orphans and non-orphans did not differ in the number of hours spent in school in the seven days preceding the interview. It can be anticipated that illness of an adult in the household would affect school attendance. The death of a woman (aged 15-50) in the household was associated with delayed enrollment of young children (seven to 10) and early termination of schooling for older children (15-19). Older children who remain enrolled also attend school fewer hours following a female adult death. There seems to be no association between the death of a man aged 15-50 with enrollments of children in the last 12 months, or the hours of schooling in the past seven days. The results suggest that children are important substitutes for women's labor in the home, but not good substitutes for men's labor. Schooling is an investment in the future productivity and earnings of children. Thus, to the extent that it reduces child schooling, fatal adult illness will have a long-run impact on the well being of the child and society.

The KIIDS has generated unique sets of data that still need to be analyzed and exploited effectively, especially by the Tanzanian researchers, to further increase the understanding of the social and economic impact of adult deaths on households and communities.
Summary of Presentations and Discussions

The Private Sector AIDS Policy Presentation—PSAPP

There is an indication of growing consequences of AIDS on business operations. Some companies in Uganda report that to ensure an adequate supply of labor in the face of AIDS, they are having to hire two or more workers to fill each vacancy. In South Africa, Zambia, and Zimbabwe, absenteeism and fatigue on the job resulting from AIDS illnesses may be more costly to a business than the eventual death of its employees.

Dr. Matthew Roberts presented the Private Sector AIDS Policy Presentation (PSAPP) activity being implemented by the AIDS Control and Prevention (AIDSCAP) Project with funding from the HHRAA Project.

To assess more systematically the impact of HIV/AIDS on African businesses and how they are responding, a survey of eight representative companies was carried out in Kenya, Botswana, and Senegal, to assess their current HIV/AIDS policies and prevention programs. PSAPP includes a "financial impact of HIV/AIDS" spreadsheet intended to allow individual organizations to use their own data to estimate the impact of HIV/AIDS on their operations. An economic analysis conducted with five of the Kenyan companies found that AIDS is already costing an average of US$45 or more per employee annually, or about three percent of company profits. The findings indicate that HIV/AIDS is having the greatest effect on the following costs: absenteeism (36.1 percent), training (18 percent), burial (12.7 percent), health care (12.5 percent), and recruitment (11.9 percent).

To respond to and mitigate the effect of HIV/AIDS on businesses, there is a need for policy guidance and approaches on how to handle HIV/AIDS at the workplace and how to support workplace prevention activities. As a part of the PSAPP activity, AIDSCAP has developed materials to offer policy guidance to businesses and for training on how to establish HIV/AIDS policies and prevention interventions.

The PSAPP materials consist of a) an introduction and a reference guide; b) a module for training of trainers, including a brief rationale for establishing such programs and policies and instructions on how to lead effective presentations and facilitate dialogue; c) a module to be used by trainers to lead one hour presentations to raise private sector managers' awareness of the epidemic and persuade them to attend comprehensive workshops on HIV/AIDS prevention in the workplace; d) a module for trainers to conduct a one-day workshop for managers and workers' representatives; e) a module to assist managers and workers' representatives to analyze their organizational policies and workplaces to develop appropriate HIV/AIDS policies and prevention activities; f) flip charts, overheads and slides to be used in conducting training sessions, short presentations, and workshops; and g) a module that describes how to conduct a rapid workplace survey or needs assessment at country or regional levels.
Summary of Presentations and Discussions

The dissemination of PSAPP materials will target staff of organizations such as employers' federations, NGOs/PVOs, unions, workers' associations, ministries of health, national AIDS control programs, and development agencies.

The State of Adolescent Reproductive Health in Botswana

Mr. Ivor Williams, the Deputy Director of PSI/Botswana, presented the initial results of a follow-up survey to assess the efficacy of the intervention in changing knowledge, attitudes and behavior of adolescents. This research activity is part of operations research using social marketing techniques to address adolescent reproductive health problems.

The education intervention effort included youth peer educators trained by the program, radio shows, brochures, condom demonstrations, competitions, mobile kiosks, and a drama group. This is in addition to the training of small commercial kiosk owners and health clinic staff. Most activities occurred outside of schools, reaching both in-school and out-of-school youth. However, some activities were conducted at the request of those schools’ principals. The nationwide condom promotion by PSI and other organizations reached the control city, but no components were specifically targeted at youth.

The data analysis is still in progress at this time, so only results for a single experimental site are available. These results do show that adolescents have been adopting safer sexual practices during the year since the baseline survey. However, until these results are compared to those from the control site, no conclusions can be drawn as to the efficacy of the intervention in producing these changes.

Preventing and Mitigating AIDS in sub-Saharan Africa: Research and Data Priorities for the Social and Behavioral Sciences

Dr. Barney Cohen of the National Research Council discussed the key recommendations for preventing and mitigating AIDS in sub-Saharan Africa of the recently released report on research and data priorities for the social and behavioral sciences. The report is the work of a panel of experts established under the Council's Committee on Population. Financial support for the work of the panel was provided by the IHRAA project of the USAID Bureau for Africa and the Andrew W. Mellon Foundation.

A booklet containing a summary of the report's recommendations was made available in English and French to participants at the workshop. The five key recommendations are discussed below.

Key recommendation 1. Basic surveillance systems for monitoring the prevalence and incidence of STDs and HIV must be strengthened and expanded. Good social science re-
search is as dependent as public health and medical research on reliable and valid HIV/AIDS surveillance data. With the implementation of various interventions aimed at controlling HIV transmission, periodic monitoring of STD and HIV prevalence and incidence among selected populations is essential both for assessment of the impact of these programs and for decision making on program design and implementation.

**Key recommendation 2.** An increase in research funding for the development of social and behavioral interventions aimed at protecting women and adolescents, especially girls, from infection deserves highest priority. In many areas of sub-Saharan Africa, high HIV incidence has been detected among adolescents and young adults, especially girls. Research on which to design culturally relevant programs targeted to adolescents and to adults who might be their sexual partners is a priority.

**Key recommendation 3.** More evaluation research is needed to correlate process and outcome indicators—such as reported condom sales and behavior change—with reductions in HIV incidence or prevalence. Rigorous designs, such as controlled intervention studies to assess the effectiveness of different prevention approaches, are needed. To date, few rigorous evaluations of intervention programs in sub-Saharan Africa have been conducted.

**Key recommendation 4.** Research for mitigating the impact of the disease should focus on the needs of people with HIV/AIDS. A great deal more is known about designing and implementing HIV-prevention programs than is known about providing care to the millions of people in sub-Saharan Africa infected with the virus.

**Key recommendation 5.** Linkages between sub-Saharan African institutions and international research centers must be established on a wide range of activities, including teaching, research, and faculty and student exchanges. International donors should seriously consider establishing a sub-Saharan African AIDS research institution with a strong behavioral and social science element. There is a critical need to strengthen research institutions in sub-Saharan Africa. Not only is there an urgent need to increase indigenous capacity to conduct research, but there is also a need to better synthesize and translate research findings into effective prevention and control programs and policies.

**Remarks by Discussants**

Dr. Peter Way of the International Programs Center of the United States Bureau of Census indicated the importance of the two studies on the demographic and economic impact of HIV/AIDS presented above. He called on the investigators and their sponsors to strive toward getting the results to policy makers in Africa and in international development agencies. He also pointed out the value of national vital registration as a demographic monitoring tool.
Recommendations from Working Groups

The investigators of the Kagera Health and Development Survey plan to make the data available for analysis and use by African researchers, especially researchers in Tanzania.

In discussing the PSAPP activity, Dr. Bukenya indicated the importance of a public-private collaboration in the fight against HIV/AIDS. Program options and technical assistance should be offered to businesses which embark on HIV/AIDS prevention and mitigation activities.

Dr. Bukenya, using data from the Safeguard Youth from AIDS (SYFA) study implemented in Kasangati, Uganda, underscored the need to assign high priority to HIV/AIDS and STI prevention interventions targeted to adolescents, especially girls. He presented some preliminary findings which indicate that the “Girl Child Movement” is having impact. He also suggested that family planning programs should include more HIV prevention activities.

Recommendations from Working Groups

Group 1: Demographic and Economic Impact of HIV/AIDS

The discussion group one offered the following policy and program recommendations:

♦ Basic surveillance systems for monitoring the prevalence and incidence of STDs and HIV must be strengthened and expanded, especially among youth;

♦ Donor agencies should support HIV/AIDS resource centers in Africa for design, data collection, interpretation, dissemination, and researcher and policy maker networking;

♦ To address and mitigate the economic impact of HIV/AIDS, interventions and assistance should target: a) hard hit communities, b) orphans, c) households with adult death, d) public (MOE) and private (NGOs) support for education, and e) improvement of health services;

♦ Motivate and provide incentives (subsidies, laws, etc.) to private companies with desirable HIV/AIDS policies; and

♦ Increase dissemination of research findings by allocating funds for planning and implementation of dissemination in all research proposals.
Recommendations from Working Groups

Group 2: Private Sector AIDS Policy Presentation (PSAPP)

The discussion group produced a number of important observations and recommendations for PSAPP use and dissemination:

♦ PSAPP is a tool targeted at business leaders and managers. Engaging this group alone in a policy dialogue about HIV/AIDS in the workplace and its impact on business is not an adequate strategy for achieving a substantial, sustainable and responsible commitment to HIV/AIDS prevention and mitigation by the private sector. It is necessary to consider the role of and approaches to involving different groups in defining the private sector responses. This includes business associations and employer federations, government (frequently the largest single employer), national and local opinion leaders, the media, workers federations and unions, workers themselves and the communities in which they live.

♦ Exclusive focus on managers could lead to top-down and potentially discriminatory policies and practices—especially in businesses/organizations in which employees are not represented or engaged in policy dialogue and decision making. Ideally PSAPP should lead to inclusive policy dialogue within organizations. This may be facilitated by engaging mid and lower management and employee representatives through PSAPP or a similar tool, and by exploiting the existing communication structures within organizations.

♦ Concern was raised over the inclusion of a “financial impact of HIV/AIDS” spreadsheet in PSAPP. This spreadsheet is intended to allow individual organizations to use their own data to estimate the impact of HIV/AIDS on their operations. Economists in the group were concerned that this spreadsheet was simplistic and the results would be over-interpreted, misunderstood, or misused. Rigorous methods for generating reasonably accurate estimates of the economic impact and financial costs of HIV/AIDS to an individual business require data that is difficult to obtain—even for the business itself—informed assumptions and sophisticated statistical procedures. Review of this PSAPP module is advised, and evaluation of how businesses use the module and its results should be undertaken early in the implementation stage.

♦ Several participants raised concern over a stated focus on workplace prevention programs in the PSAPP policy guidelines and noted the need for businesses to address the issue of persons living with AIDS, especially strategies to extend and enhance the productive involvement of workers
**Recommendations from Working Groups**

living with AIDS. In the Kenya field test, this also emerged as an important issue and PSAPP materials should be reviewed for this emphasis.

♦ PSAPP is intended to initiate a set of processes within organizations. Participants pointed out that these processes will vary among organizations and over time, and may require external technical assistance and reinforcement (for example, technical assistance and training for a workplace-based peer counseling program). How can PSAPP users identify and obtain this assistance? What level of follow-up should be incorporated into PSAPP dissemination and implementation?

♦ PSAPP evaluation was identified as an important part of the dissemination and implementation strategy. Participants noted that key evaluation questions should include:

  How and by whom is PSAPP being used?

  What policies and practices have been adopted or changed as a result of PSAPP?

  What effect have these policies and practices had on the organization?

♦ There are potentially multiple models for PSAPP dissemination and use. Business to business outreach, direct marketing of the PSAPP tools to large companies with businesses in Africa, involvement of NGOs, and partnerships with management training institutes and other bilateral and multilateral development organizations such as EEC, ODA, etc, and private organizations such as Rotary International are all possibilities. Participants also noted that USAID advocacy for this approach and use of this tool would be enhanced if the tool were used routinely by USAID missions and development projects to establish exemplary workplace-based policies and programs for the prevention and mitigation of HIV/AIDS.

**Group 3: Adolescent Reproductive Health and HIV/AIDS**

Policy and program recommendations:

♦ Support social marketing techniques for addressing adolescent reproductive health problems. There is a need to develop and test more reliable methods for assessing the efficacy of the intervention in changing knowledge, attitudes, behavior, and practices of adolescents in Africa.
Emphasize community involvement, especially of their leaders, in the design and implementation of interventions to improve adolescents. Because of the indication that health clinic staff had negative attitudes toward youth requesting services, emphasis should be put on changing the attitude of staff and to develop more youth-friendly clinics.

Several participants recommended that PSI needs to look carefully at gender differences in analyzing the results of the study.

To improve the understanding of study findings, any dissemination material should clearly present methodology, including the reliability of the data, sampling methods, and what exactly took place at the control site.

As for disseminating the results, the major recommendation was for the formation of a network of people working on adolescent reproductive health, a network which would include many different kinds of projects. The network could develop a guide on interventions that seem to be successful in reaching youth, not focusing solely on the social marketing approach. Three groups that have worked with adolescents and should be involved with the network are the International Planned Parenthood Federation affiliates (IPPF), YMCA/YMCA affiliates, and PSI. Participants emphasized that it is difficult for small NGOs to meet because of a lack of funds.

**Highlights of the IXth ICASA**

The IXth ICASA was placed under the major theme of overcoming challenges and strengthening hopes in the fight against HIV/AIDS. The Conference drew about 3000 participants from different parts of Africa and the world. We present in the following paragraphs some of the issues and policy orientations that emerged from the conference presentations.

The President of Uganda, Yoweri Museveni, opened the Conference by calling on African political leadership to play a major role in combating the spread of HIV/AIDS.

President Museveni pointed out that young women in Africa are particularly at risk of HIV infection because of their vulnerable social and economic status. In talking about orphans as one of the major consequences of the AIDS pandemic, he said that while the extended family can provide basic needs, such as food, clothing and shelter, there is a problem of providing education to the orphans. He said therefore that providing school fees or other school assistance for school to orphans would be a major intervention to mitigate HIV/AIDS pandemic.
**Conclusion**

President Museveni criticized African decision makers and professionals who think nothing can be done about HIV/AIDS without external support from donor agencies. He described this mentality as "aidism," and called on African bureaucrats to stop this mentality. He urged them to do things that can be done with available local resources.

The repercussions of the HIV/AIDS pandemic on the African economy and development were among the priority issues addressed during the conference. A number of plenary presentations called for a multisectoral approach for better HIV/AIDS prevention and control. The presenters called for an approach to HIV/AIDS as a development—not just a health—issue and to include HIV/AIDS in development planning. The UNAIDS will, as discussed by Dr. Peter Piot, the Executive Director, support a multidisciplinary and coordinated approach to the fight against HIV/AIDS.

There were indications that the incidence of HIV infection has plateaued in some areas, but the number of AIDS cases is increasing. In addition to strategies aimed at limiting the number of new cases of HIV infection, there is now an increasing need for caring for AIDS patients. At the IXth ICASA, people living with AIDS (PLWA) organized and expressed their needs. Most of the support to PLWAs in most African countries is provided by NGOs. An expanded approach to HIV/AIDS prevention and mitigation in Africa should include care and support for PLWAs.

Presentations on the prevention and control of other sexually transmitted infections (STIs) were among the highlights of this conference. A community-randomized study in Tanzania found that improved STD treatment services, implemented through primary health care systems at the community level, were effective in reducing HIV incidence almost by half in a rural population. Strengthening the provision of STI services, especially the provision of appropriate drugs, should be a priority.

African youth, especially girls, and the military were singled out as target groups for increased attention and improved approaches to fight the spread of HIV/AIDS in Africa.

**Conclusion**

The IXth ICASA offered an opportunity for rethinking approaches to the prevention and mitigation of the HIV/AIDS pandemic in Africa. Discussing key findings of AFR/SD's analytic agenda on HIV/AIDS contributed to this rethinking. A number of participants at the HII/RAA-sponsored preconference workshop suggested that more discussion of policy and program implications of research results should be organized at national levels and should involve various stakeholders in the fight against the HIV pandemic. The production and dissemination of this summary
Conclusion

should contribute to the process of debating HIV/AIDS prevention and mitigation policies and programs in Africa.
Appendix A—Workshop Agenda
HHRAA-Sponsored Workshop on HIV/AIDS Prevention and Mitigation

Kampala, Uganda

December 10, 1995

Workshop Agenda:

8:45–9:00  Registration/Coffee

9:00–9:05  Welcome and Introduction by the Chairman of the Seminar - Professor Gilbert Bukenya (Makerere University Medical School)

9:05–9:15  An overview of USAID’s Bureau for Africa Analytic Agenda for the prevention and mitigation of HIV/AIDS - Mr. William Lyerly (AFR/SD/HRD)

9:15–9:35  The Demographic Impact of HIV/AIDS in Three West African Cities: Abidjan, Dakar, and Ouagadougou. Dr. M. Garenne, Mr. A. Wade, et al. (CEPED)

9:35–10:00  The Economic Impact of Fatal Adult Illness due to HIV/AIDS and Other Causes in Sub-Saharan Africa. Dr. Martha Ainsworth et al. (World Bank)

10:00–10:10  Discussant: Professor Souleymane Mboup (A. Le Dantec Hospital)

10:10–10:40  General Discussion

10:40–11:00  Coffee/tea break

11:00–11:20  The Private Sector AIDS Policy Presentation - PSAPP. Dr. Matthew Roberts et al. (AIDSCAP)

11:20–11:40  The State of Adolescent Reproductive Health in Sub-Saharan Africa - Dr. Judith Timyan et al. (PSI)

11:40–11:50  Discussant: Professor Gilbert Bukenya (Makerere University Medical School)

11:50–12:20  General Discussion

12:20–12:30  Overall Discussant: Dr. Barney Cohen (National Research Council)

12:30–14:00  Working lunch: Review of policy and program implications of the above studies and recommendations for follow-up actions (Three working groups: Group 1: AIDS Impacts, Group 2: PSAPP, Group 3: Adolescent Reproductive Health)

14:00–14:30  Group reports, Synthesis and Evaluation
Appendix B—Study Investigators and Institutional Affiliations
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   * Policy Research Department, World Bank, Washington, D.C.; ** Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania; ***University of Dar es Salaam, Tanzania.


   * Policy Unit, AIDSCAP Project, Family Health International


5. Preventing and Mitigating AIDS in Sub-Saharan Africa: Research and data priorities for the social and behavioral sciences. Barney Cohen and James Trussell, editors*

   * Panel on Data and Research Priorities for Arresting AIDS in Sub-Saharan Africa, Committee on Population, Commission on Behavioral and Social Sciences and Education, National Research Council, Washington, D.C.
Appendix C—List of Working Group Participants
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Facilitator: Phyllis Gestrin

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PEOPLE LIVING WITH HIV/AIDS IN THE PREPARATION FOR KAMPALA

Hopes and Challenges: What developments do you expect from the IXth ICASA Conference?

Dr. Sam I. Okware: This conference will bring together many specialists from various fields of HIV/AIDS. We will share experiences of success and failure. We will learn about what is working and what is not. Our visitors will share from their experience.

Since ICASA conference in Marrakesh, what is your appreciation of the evolution of AIDS in Africa as well in Uganda?

Dr. Okware: Since Marrakesh, the following has happened: there are now more cases than ever before and more orphaned; the disease HIV is disappearing among some species of child bearing age more collaborative research ventures have been developed and developing countries; there is a new UNAIDS programme, which symbolizes the need to coordinate policy and implementation and monitoring of global programmes; the socioeconomic consequences are now more obvious than ever before; there are signs of declining incidence among children in rural areas.

H&amp;C: Do you think the evolving situation in the compression of the epidemic is better than before?

Dr. Okware: This evolution is not because of inappropriate strategies - we started action late; AIDS came silently and spread before we could take any action. Inside behaviour changes are difficult to obtain because of cultural habits and reasons. Illiteracy and poverty in many areas are the route cause for the spread of the disease.

Women empowerment lacking: male dominance in sexual matters has meant that sexual issues cannot be handled independently by women.

We need renewed political commitment. More resources are needed to improve infrastructural and social conditions and to use and adapt new models that are already available elsewhere; we need to create income generating activities to support orphans; we need to tackle the socioeconomic consequences with an integrated and holistic approach; we need to uphold the rights of those affected and neglected.

The repercussions of the pandemic on the African economy

The economic consequences of AIDS with regard to African countries are not merely limited to a drastic reduction in public health budgets but also affect the entire economic sphere. In turn, the economic consequences contribute to the deterioration of the health status of the population. By bringing productive and reproductive losses, AIDS affects, in the final analysis, the long-term development and demographic potential.

Already hit by the difficulties of resources, public health budgets are likely to be completely wiped out by costs due to treatment, prevention and management of AIDS-related programmes. In Rwanda, for example, treatment for one patient costs between 100 and 600S a year, which the country at 320S.

Hospitalization costs are also very high - 90 per cent and each patient is admitted for 3 1/2 times a year on average. AIDS has brought about a demonstration of the health budgetary constraints in hospitals where treatment in a country like Tanzania is almost impossible as it is in dispensaries and fifty times higher than health-care at home.

The financial burden arising from prevention (information campaigns, and the provision of unsterilized blood) care (as the need have led to the reorientation of resources at the expense of other diseases which have not been reduced or have been intensified, as in the case of malaria and tuberculosis). The prevalence of the latter, which is a contagious disease, has notably risen in a number of countries, a reality that will weigh heavily on public budgets.

AIDS affects the entire economic sphere due to the fact that it directly takes the main source of the productive age group. The economic effects are only partially reparable at household, agricultural, production and company level. It is thus tempting about adjustments and responses which could have economic and long-term consequence.

In agriculture, the dominant feature in many countries, the epidemic is likely to aggravate, in several regions the support crisis is directly affecting the availability of labour and by putting at stake the sense of food security as already the same in certain areas of Tanzania and Uganda.

In the urban sector, where problems due to abandonment of the act, reduction in production and loss of productivity are hardly seen, the real issue is the result of medical attention which must add to the cost of their replacement together with the demoralization of that work that results from all this. The tenuous situation of the main component of the African economy where the state is the major employer, is also affected. As it is well known, AIDS does not limit itself to those already infected but affects the most productive sector, the old and the young generation of the agricultural sector and in particular the women engaged in agriculture.

The social violence arising from prevention (information campaigns, and the provision of unsterilized blood) and care (as the need has led to the reorientation of resources at the expense of other diseases which have not been reduced or have been intensified, as in the case of malaria and tuberculosis). The prevalence of the latter, which is a contagious disease, has notably risen in a number of countries, a reality that will weigh heavily on public budgets.

AIDS affects the entire economic sphere due to the fact that it directly takes the main source of the productive age group. The economic effects are only partially reparable at household, agricultural, production and company level. It is thus tempting about adjustments and responses which could have economic and long-term consequence.

In agriculture, the dominant feature in many countries, the epidemic is likely to aggravate, in several regions the support crisis is directly affecting the availability of labour and by putting at stake the sense of food security as already the same in certain areas of Tanzania and Uganda.

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Government Approach and Community Response in the Fight against AIDS

Workshop in Dakar (23rd to 28th October 1995)

The multidimensional character of the infection and the disease has lead to the emergence of a multiplicity of actors, trying, on their various fields, to find answers to the epidemic, both at national level, through National Programmes for the fight against AIDS (PLINS) or at community level, through NGOs, families, communities and groups. That is why the Dakar workshop jointly organized by UNAIDS, the Fonds National de la Santé and the PNUD of Senegal with the participation of

DO NOT MISS

Because of AIDS

The film "Because of AIDS" will be shown at 4.15pm at the beginning of the inaugural session of the 15th ICASA, 2004. Shot in October 1994, this 26 minute film summarises the fight against AIDS in Uganda, one of the regions hardest hit by the HIV in the world. Evidence that has been collected during the conference exhibition at 5001000 ECA/IAPH.

U.S.A.I.D. forum

On the occasion of the IVA International Conference on AIDS and STDs in Africa (I.C.A.S.A.), U.S.A.I.D. has organized in collaboration with the State Agency for International Development (U.S.A.I.D.) has organized in cooperation with the U.S. Department of State within the framework of the Human and Health Resources Action Plan in Africa Pre-

The Forum will take place on 10 December from 8.45 a.m. to 2.30 p.m. at Sheraton Hotel, Kampala.
The role of media in the fight against AIDS

by James Dana

In much of Africa, the media are undergoing a renaissance, as former one-party states have given way to multiparty systems and greater political pluralism. The role of the newspaper, radio and television in HIV/AIDS prevention has always been complex - these industries develop and fragment, and as the epidemic becomes more firmly embedded within societies, that role is likely to become ever more important.

The relationship of the media with the community has always been a complex one. AIDS has sold more newspapers than any other disease in history. It is a sensationalist, emotionalized story, a symbol of death, blood and death. In most communities, AIDS has become a topic that is too frightening for discussion.

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