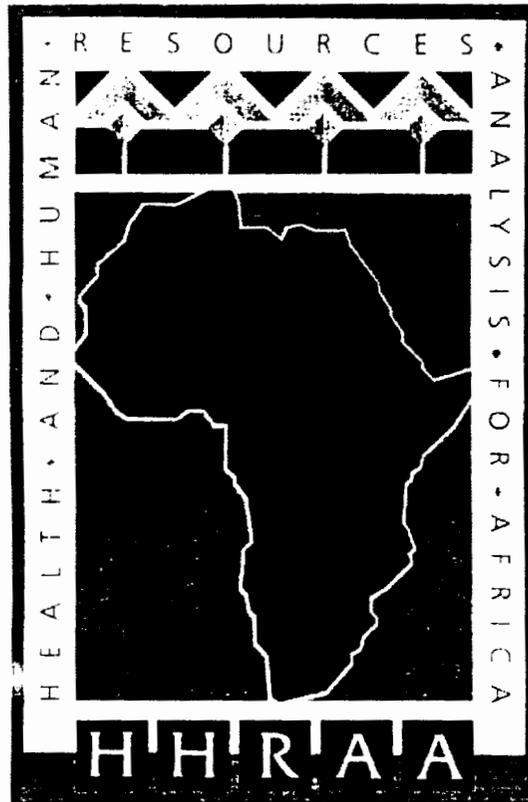


P<sub>N</sub>-ABY-363

# 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

PN-ABY-363

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

*Kampala, Uganda: December 10-14, 1995*



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

*December 10, 1995*

*Sheraton Kampala Hotel*

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**

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

*Kampala, Uganda: December 10, 1995*

---

## Table of Contents

Acronyms .....	v
Executive Summary.....	1
Background .....	2
Objectives .....	3
Welcome and Introduction.....	3
Summary of Presentations and Discussions .....	4
The Demographic Impact of HIV/AIDS in Three West African Cities: Abidjan, Dakar, and Ouagadougou .....	4
The Economic Impact of Fatal Adult Illness due to HIV/AIDS and Other Causes in sub- Saharan Africa.....	5
The Private Sector AIDS Policy Presentation—PSAPP .....	7
The State of Adolescent Reproductive Health in Botswana .....	8
Preventing and Mitigating AIDS in sub-Saharan Africa: Research and Data Priorities for the Social and Behavioral Sciences .....	8
Remarks by Discussants.....	9
Recommendations from Working Groups.....	10
Group 1: Demographic and Economic Impact of HIV/AIDS .....	10
Group 2: Private Sector AIDS Policy Presentation (PSAPP) .....	11
Group 3: Adolescent Reproductive Health and HIV/AIDS .....	12
Highlights of the IXth ICASA .....	13
Conclusion .....	14

### Appendices:

Appendix A—Workshop Agenda

Appendix B—Study Investigators and their Institutional Affiliations

Appendix C—List of Working Group Participants

Appendix D—List of Participants

Appendix E—Newspaper Clips

## **Acronyms**

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

YMCA

Young Men's Christian Association

YWCA

Young Women's Christian Association

## **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 infection 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 (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 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.

---

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 HIRAA-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,

---

## *Summary of Presentations and Discussions*

---

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 (KIIDS). 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

---

## *Summary of Presentations and Discussions*

---

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 KHDS 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-*

---

---

## *Summary of Presentations and Discussions*

---

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.

---

## *Highlights of the IXth ICASA*

---

- ◆ 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), YWCA/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 IIIIRAA-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*

---

## Study Investigators and Institutional Affiliations:

- 1 The Demographic Impact of HIV/AIDS in Three West African Cities- Abidjan, Dakar, and Ouagadougou. Michele Garenne\*, Maria Madison\*\*, Daniel Tarantola\*\*\*, Benzamin Zanou\*\*\*\*, Joseph Aka\*\*\*\*\*, Raymond Dogore\*\*\*\*\*, Alpha Wade\*\*\*\*\*, and Jean Testa\*\*\*\*\*.

\*CEPED, Paris, France; \*\*Harvard School of Public Health, Boston, MA; \*\*\*Francois-Xavier Bagnou Center, Boston, MA; \*\*\*\*Institut National de Statistiques, Abidjan, Cote d'Ivoire; \*\*\*\*\*Faculte de Medecine, Abidjan, Cote d'Ivoire; \*\*\*\*Institut National de Sante Public, Abidjan, Cote d'Ivoire; \*\*\*\* Universite Cheik Anta Diop de Dakar, Senegal; \*\*\*\* Faculte de Medecine, Ouagadougou, Burkina-Faso.

- 2 The Economic Impact of Fatal Adult Illness due to HIV/AIDS and Other Causes in Sub-Saharan Africa. Mead Over\*, Martha Ainsworth\*, Kathleen Beegle\*, Indrani Gupta\*, Phare Mujinja\*\*, George Lwihula\*\*, Innocent Semali\*\*, Godlike Koda\*\*\*.

\* Policy Research Department, World Bank, Washington, D.C.; \*\* Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania; \*\*\*University of Dar es Salaam, Tanzania.

- 3 The Private Sector AIDS Policy Presentation (PSAPP). Matthew Roberts\*.

\* Policy Unit, AIDSCAP Project, Family Health International

- 4 Adolescent Reproductive Health in Urban Botswana: Knowledge, Attitudes and Practices. Judith Timyan\*, Renee Rowanowski\*\*, Ivor Williams\*\*, Nancy Baughman\*, David Cownie\*\*\*.

\* Population Services International, Washington, D.C.; \*\* Population Services International, Gaborone, Botswana, \*\*\* Social Impact Assessment and Policy Analysis Corporation - SIAPAC.

- 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*

---

## **Working Group I: Demographic and Economic Impact**

**Facilitator/Rapporteur:** Victoria Wells

**Resource persons:** Michel Garenne, Martha Ainsworth

### **Participants:**

1. Pamela Gerard
2. Godlike Koda
3. Martha Ainsworth
4. Mead Over
5. Henry Mukumbi
6. Michel Garenne
7. Benzamin Zanou
8. Olan Lesens
9. Evelyn Quaye
10. Mary Arday-Kotei
11. Karen Stanecki
12. Peter Way
13. Raphael Owor
14. Debrezion Berhe
15. Clarence Mini
16. Phare Mujinja
17. Delphine Floury
18. Rex Winsbury
19. Alan Whiteside
20. David Fitzsmons
21. Andrew Broderick
22. Tamas Campbell
23. Vicky Wells
24. Kathleen Beegle

## **Working Group II: Private Sector AIDS Policy**

**Facilitator:** John Paul Clark

**Rapporteur:** Andrew Nyamate, AIDSCAP

**Resource Person:** Matthew Roberts

**Participants:**

1. Neen Alrutz
2. Raphael Baltes
3. Aminu Yusif Kazaure
4. Priscilla Muyin
5. Brenda Homela
6. John Paul Clark
7. Lynde Francis
8. Rebecca Magaisa
9. Abigail Nhova
10. Diallo Sadou
11. Garence Upham
12. S. M. Talom
13. Jano Mohamed
14. Matthew Roberts
15. Janet Heyman
16. Andrew Nyamate
17. Sule yain Sule
18. E. F. Ndyerabuwa

**Working Group III: Reproductive Health of Adolescents**

**Facilitator:** Phyllis Gestrin

**Rapporteur:** Kitty Thuermer

**Resource Persons:** Ivor Williams and Gilbert Bukenya

**Participants:**

1. Ivor Williams
2. Phyllis Gestrin
3. Kitty Thuermer
4. Tim Manchester
5. Baker Ndugga Maggwa
6. Margaret Mehlomakhalu
7. George Lwihula
8. Eunice Takawira

9. David Balyegwera
10. Maltida Gipwola
11. Okitotsho Wembonyama
12. Serge Paul Ehole
13. Atabuene Kyeremeh
14. Chawada Iris Tema
15. Ellen Weiss
16. Elizabeth Faxelid
17. Agatha Barney
18. Gilbert Bukenya
19. Joan LaRosa

---

*Appendix D—List of Participants*

---

Dr. Tesfazion Negasv  
NACP Manager MOH/ERITREA  
MOH  
NACP/MOH  
PO Box 212  
Asmara, Eritrea  
291-1-11-05-06

Miss Brenda B. Homela  
AIDS Project Manager  
National Railways Zimbabwe  
Box 1587  
Health and Safety Branch  
Bulawayo  
Zimbabwe  
322434

Mrs. Eunice Takawira  
IEC Officer Women and AIDS  
NACP  
Box CY 1122 Causeway  
Harare, Zimbabwe  
795191

Dr. Clarence Mini  
Doctor  
AIDSCAP/South Africa  
PO Box 31671  
Braamfontein 2017  
South Africa  
27114037322  
27114037325

Miss A. Nhoua  
AIDS Programme Coordinator  
Zimbabwe National Army  
18 Barbour Road  
Cranborne Park  
Harare, Zimbabwe  
736326  
732710

Dr. R. Magaisa  
Lt. HEO  
Air Force of Zimbabwe



P Bag 7722  
Causeway  
Harare, Zimbabwe  
575352

Dr. Cakpo Benjamin Zanou  
Chef de Service (Demographe)  
Institut National de la Statistique  
BP 155  
Abidjan, Cote d'Ivoire  
33-18-86  
21-44-01

Dr. Michel Garenne  
Directeur de Recherches  
CEPED  
15 Rue de l'Ecole de Medecine  
75270 Paris Cedex 06  
France  
33-1-44-41-82-34  
33-1-44-41-82-31  
garenne@mozart.ceped.fr

Dr. Matthew Roberts  
Policy Officer  
AIDSCAP  
703-576-9779  
703-576-9781  
mroberts@lhi.org

Dr. Raphael Owor  
Professor of Pathology  
Makerere Medical School  
PO Box 7072  
Kampala, Uganda  
539442

Dr. Charles D. S. Kilewo  
Lecturer  
Mahimbili Medical Centre  
Box 65112 Dept of C  
Dar es Salaam, Tanzania  
26211  
255-51-44564

Sadou Diallo  
Medean  
SIDA Alerte (RCI)  
22 BP 413  
Abidjan 22, Cote d'Ivoire  
42-57-20

Okitotsho Stanis Wembonyama  
Professeur  
Universite de Mbujimayi (Zaire)  
c/o MIBA Bruxelles  
58, b9 de Regent  
1000 Bruxelles, Belgique

Kpante Bassabi  
Medecin Pediatre Militaire  
CHFFAT/PNLS  
BP 365  
Lome, Togo  
21-28/91 or 2128/-1  
228-21-32-04

Tomas Campbell  
Consultant Clinical Psychologist  
The Hillington Hospital  
Tudor Wing  
The Hillington Hospital  
Uxbridge  
Middx UB8 3NN United Kingdom  
01895-279537

Dr. Kubendran Pillay  
University of Natal, Durban, South Africa  
Dept. of Paediatrics  
Medical School, Durban  
PO Box 17039, Conella 4013  
Republic of South Africa  
27-31-2604318  
27-31-2604388  
pillayk@med.und.ac.za

Dr. Jacob A. Gayle  
Chief, Global HIV/AIDS Division  
US Agency for International Development  
USAID/W:G/PHN/HN/HIV-AIDS

SA-18, Suite 1200  
Washington, DC 20523-1817  
703-875-4494  
703-875-4686  
jagayle@usaid.gov

Offiong Nya Oku  
Program Coordinator  
Vocational School for CSW  
53 Edgerley Road  
Calabar, Nigeria  
087-220308

Mr. Kyeremeh Steve Atuahene  
Programme Officer  
Youth for Population Information and Communication  
PO Box 4941  
Kumasi, Ghana  
233-51-23622  
233-51-23622/22537

Zeliye Ibrahim Napuli  
AIDS IEC Coordinator  
National AIDS Control Programme  
Ministry of Health, NACP  
HEU PO Box 753  
Accra, Ghana  
667081

Dr. Ruth Nauati  
Medical Doctor/Paediatrician  
University of Nairobi  
Box 19362  
Nairobi, Kenya  
254-2-726300/254-2-794331

Peter O. Way  
Senior Research Analyst  
International Programs Center  
US Bureau of the Census  
Washington Plaza II Room 312  
301-457-1406  
301-457-3034  
peter\_o\_way@cemail.census.gov

Garance Upham  
Presidente  
Sidalerte Internationale  
7, Rue du lac F-69003  
Lyon, France  
33-7860-65-65  
33-7860-67-67

Mrs. Neen Alrutz  
Technical Advisor AIDS and Child Survival  
USAID  
PO Box 30261  
Nairobi, Kenya  
52-17-36  
nalrutz@usaid.gov

Miss Evelyn Quaye  
Counselling Coordinator  
National AIDS Control Programme  
PO Box 2281  
Accra, Ghana  
or  
Ministry of Health  
Box 2848  
Accra, Ghana  
667980

Mrs. Mary Arday-Kotei  
Head, Health Education Unit  
Ministry of Health  
PO Box 753  
Accra, Ghana  
667081

Ms. J. E. La Rosa  
Regional HPN Officer  
REDSO/ESA/NAIROBI  
Box 30261  
Nairobi, Kenya  
254-2-751-613  
254-2-743204  
jlarosa@usaid.gov

Mrs. Karen Stanecki  
Chief Health Studies

US Census Bureau  
Washington, DC 20233-8860  
301-457-1406  
301-457-3034  
kstanecki@census.gov

Dr. Olivier Percel Pierre Lesens  
Medicine Internal  
Hospital Central of Maputo  
53 rue Ferni Lopez  
Maputo, Mozambique  
74-20-84

Jean Marie Talom  
Turiste  
Sidalerte Cameroun  
BP 1937  
Yaounde, Cameroun  
20-90-75  
237-20-90-75

Henri Masanges Mukumbi  
Director of AMD- Zaire  
AMD- Zaire  
Kinshasa, 7290  
Bemdol, BP 67  
Zaire  
46763

Mr. Ivor Williams  
Project Manager  
Population Services International  
P/Bag 00465  
Gaborone, Botswana  
267-357610  
267-305265

Mamoudou Diallo  
Medecin  
Sidalerte Internationale  
7, Rue de lac F-69003  
Lyon, France  
78-60-65-68  
78-60-67-67

Kembou Etienne  
Nutritioniste  
Sidalerte, Regional Office Central Africa  
PO Box 1937  
Yaounde, Cameroun  
237-20-90-75  
237-20-90-75

Dr. Godlike Koda  
Sen  
Computing Centre  
University of Dar es Salaam  
PO Box 3506  
Dar es Salaam, Tanzania  
255-51-43500  
koda.@unidar.gn.apc.org

Dr. Jonathan Zenilma  
Associate Professor  
Johns Hopkins University School of Medecine  
Ross 1159: 720 Rutland Ave  
Baltimore, MD 21205  
410-955-7636  
410-955-7889  
jzenilma@welchlink.welch.jhu.edu

Ms. Ellen Weiss  
ICRW  
1717 Massachusetts Ave. NW  
Suite 302  
Washington, DC 20036  
202-797-6007  
202-797-6020

Mr. Andrew Broderick  
Director  
AIDS SidAlerte International  
950 Cabrillo St  
#14  
San Francisco CA 94118  
415-750-1624  
415-750-1624  
aidsida@igc.apc.org

Kanyamunyu Buyinra Boaz

Programme Manager  
FAOC Uganda  
PO Box 1378  
Mbrara, Uganda  
20371

Dr. George Kazimoto Lwihula  
Senior Lecturer  
Muhimbili University College of Health Sciences  
PO Box 65015  
Dar es Salaam, Tanzania  
27081

Dr Munaiete Adrien Kisi  
Physician  
Bdom/Kinshasa/Zaire  
Economat Archidiocese  
Bdom/Kinshasa  
PO Box 482  
Kinshasa, Zaire  
45080

Dr. Agatha Bonney  
Medical Practitioner  
Ministry of Health, Ghana  
Ministry of Health  
Box 1908  
Kumasi, Ghana  
051-23746  
051-23743

Mr. Gaubo Moustapha  
Jeune Chambre Economique  
Jeune Chambre Economique  
BP 12156  
Niamey, Niger  
76-17-25

Mrs. Irmine Feltho  
Project Officer  
ABNS (Benin)  
BP 08-0876  
Cotonou, Benin  
229-31-15-00  
229-31-11-75

Mr. Jule Yau  
Coordinator  
Private Sector Business Coalition  
c/o Triumph Publishing Company Limited, PMB  
3155 Kano  
Nigeria  
234-064-630273-664327  
064-633875

Aminu Yusif Kazaure  
Field Officer Stop AIDS Kazaure  
StopAIDS Organization of Nigeria  
Kazaure Motor Park  
Jigana State, Nigeria  
064-680002

Jean de Dieu M.A. Hakizimana  
Psychologist, Analyst, Researcher  
Nsambya Helper Family Project  
c/o Cherbs L-Evans  
PO Box 12167  
Kampala, Uganda

Mrs. Margaret Mehlomalchuh  
Deputy Director, NACP  
MOH Zimbabwe  
Ministry of Health  
Box CY1122  
Causeway  
Harare, Zimbabwe  
795191

Priscilla Mujuru  
Project Manager  
NECTOI  
National Employment Council Transport Industry  
PO Box 2100  
43 Fife Avenue  
Harare, Zimbabwe  
794063

Prudence Mabele  
Special Project Coordinator  
NAPWA (National Association for People with AIDS)  
Postnet Suite 91

Private Bag 335  
Capetown 8021  
South Africa  
915-2155  
021-23-5463

Mercy Nobesuthu Manci  
T/Dr.  
Nyangazezizwe Trad. Doc. Org.  
PO box 2429  
Johannesburg, 2000  
South Africa  
333-3409  
333-3409

Dr. Fred Solomon Mhalu  
Professor  
Muhimbili University College of Health Sciences  
Muhimbili Medical Centre  
Box 65001  
Dar es Salaam, Tanzania  
255-51-26211 x2552  
255-51-44544

Ms. Pamela Gerard  
Reg Prog Adv HIV/AIDS  
Plan International  
PO Box 25196  
Nairobi, Kenya  
254-2-562590

Dr. Debrezion Berme  
Head of CDC  
Eritrea MOH  
PO Box 774  
Asmara, Eritrea  
291-1-110506  
291-1-122899

Barney Cohen  
Program Officer  
National Academy of Sciences  
2101 Constitution Ave  
Washington, DC 20016  
202-334-3167

202-334-3768  
bcohen@nas.edu

Denis Massoset  
Hospital  
BP 183  
253-357206

Moses Tokamalilawo Mutebi  
Theca Educators  
Theta  
21175 or 30054  
Kampala, Uganda  
567560 or 530619

Kikonyogo Nashib  
Theca  
Theta Educators  
PO Box 21175  
Kampala, Uganda  
530619 or 567560

Rex Winsbury  
Publisher  
AIDS Analysis  
52 Brookfield  
London N6 6AT  
UK  
011-81-367-6713  
011-81-367-6713

Mr. Hane Abdoulaye Aziz  
Programme Assistant  
African AIDS Research Network West and Central Zone  
BP 7318  
Dakar Soubmedionne  
Senegal  
221-24-84-45  
221-25-19-64

Dr. Victoria Wells  
Regional HIV-AIDS Advisor E+S Africa  
USAID  
PO 30261  
Nairobi, Kenya

25

254-2-751-613 x2610  
254-2-743204  
vwells@usaid.gov

Mr. Wayne D. Bacon  
Chairman  
ImmunoDiagnostics, Inc.  
85 Great Arrow Ave  
Buffalo, NY 14216  
716-873-9400  
716-876-7919

Dr. Mead Over  
Senior Economist, Policy Research Department  
World Bank  
1818 H Street, NW  
Room N10-035  
Washington, DC 20433  
202-473-3451  
202-522-3230  
aover@worldbank.org

Winstone Zulu  
Coordinator- PALS  
Kara Counselling  
Box B7559  
Lusaka, Zambia  
260-1-229847  
260-1-229848

Dr. Barbara de Zalduondo  
Senior Technical Advisor  
Johns Hopkins University, School of Hygiene and Public Health  
USAID Division of HIV/AIDS, Office of Health and Nutrition  
G/PHN/IIN/HIV/AIDS  
SA-18 Room 1212  
Washington, DC 20523-1817  
703-875-4714  
703-875-4686  
bzalduondo@usaid.gov

Jean Masunzi  
Business man  
Sidalerte Burundi  
c/o Braria BP 540

Bujumbura, Burundi  
231854

Martha Ainsworth  
Senior Economist  
World Bank  
1818 H Street, NW  
Room N8051  
Washington, DC 20433  
202-473-4121  
202-522-1153  
mainsworth@worldbank.org

Dr. Baker Ndugga Maggwa  
Research Associate  
Population Council  
One Dag Hammarskjold Plaza  
New York, NY  
PO Box 20853  
Nairobi, Kenya  
254-2-713480

Mr. Timothy G. Manchester  
PSI (Tanzania AIDS Project Social Marketing Unit)  
PO Box 33500  
Dar es Salaam, Tanzania  
255-51-33548, 31481  
255-51-75011

Mrs. Janet M. Hayman  
Resident Advisor  
AIDSCAP/KENYA, FHI  
PO Box 38835  
Nairobi, Kenya  
254-2-713911  
254-2-726130

Kottchimo Akat  
Kenya Medical Research Institute  
PO Box 58049  
Nairobi, Kenya  
254-2-713-679  
254-2-719-269

Mr. Othusitse Norman Letebele

HIV/STD Symposium  
AIDS Training Center  
PO Box 9185  
PO Mankurwane  
Kimberley 8345  
South Africa  
0531-806212  
0531-806212

Prof. Alan Walter Whiteside  
Associate Professor  
Economic Research Unit  
P Bag x10  
Dalbridge 4016  
South Africa  
27-31-2602588  
27-31-2602590  
whitesid@eru.und.ac

Dr. Phyllis Gestrin  
Resident Technical Advisor  
USAID/DHHS-OIH  
1111 N. 19th Street  
Room 300  
Rosslyn, VA 22209  
703-235-4446  
703-235-4466  
pgestrin@usaid.gov

Mohamed Sano  
President  
Sidalerte/Guinee  
BP 2539  
Conakry  
R. Guinee  
West Africa  
224-44-30-40  
224-44-30-40

Dr. Elizabeth Anne Bukusi  
Obstetrician/Gynecologist  
University of Nairobi/KEMRI  
Box 19658  
Nairobi, Kenya  
726300 ext. 43216

Dr. James M. Nasio  
Epidemiologist  
University of Nairobi  
PO Box 19676  
Nairobi, Kenya  
011-228827  
uwash@healthnet.ken.org

Yelibi Sibili  
Epidemiologist  
Ministry of Health  
20 BP 875  
Abidjan, Cote d'Ivoire  
225-42-18-66  
225-32-39-83

Mrs. Jo Kittelsen  
Advisor on AIDS  
NORAD  
Board of Health  
PO Box 8128 Dep  
0032 Oslo  
Norway  
47-22-24-9032  
47-22-24-8868

Lorraine Lathen  
Director WID/Gender Programs  
Academy for Educational Development  
1255 23rd Street, NW  
Suite 400  
Washington, DC 20037  
202-884-8839  
202-884-8713

Mr. David W. Fitzsimons  
Head, Div. of Human Health  
CAB International  
Wallingford  
Oxon OX10 8DE  
UK  
44-1491-832111  
44-1491-833508  
d.fitzsimons@cabi.org

Hubert Obube Ograw  
Project Manager  
Society Against the Spread of AIDS  
53 Elderly Road  
Glalsaw, M  
087-224-836

Femi Soyimka  
Professor  
OAV Ife  
College of Health Sciences  
Department of Dermatology and Venereology  
Obafemi Awolowo University  
Ile-Ife, Nigeria

Dr. Andrew Nyamete  
Policy Officer  
Family Health International  
2101 Wilson Blvd  
Arlington, VA 22209  
703-516-9779 ext.118  
703-516-9781  
anyamete@fhi.org

Phare Gamba Mujinja  
Health Economist/Lecturer  
Muhimbili University College of Health Sciences  
PO Box 65015  
Dar es Salaam, Tanzania  
255-51-27081-6  
051-46229/46163  
iph@tan.healthnet.org

Rev. Albert Ogle  
Episcopal Church USA  
7505 Hampton #12  
Los Angeles, CA 90046  
213-874-7731  
213-874-7731

---

*Appendix E—Newspaper Clips*

---



# HOPES & CHALLENGES



A Publication for the IX<sup>th</sup> ICASA Conference in Kampala

Sunday Dec 10, 1995

## Editorial

### PEOPLE LIVING WITH HIV/AIDS IN THE PREPARATION FOR KAMPALA

By Major Kobaramira Kurungi

For the first time in Africa, people living with HIV/AIDS have been included in the preparation and running of the ICASA.

A delegation I preside, composed of 10 people living with HIV/AIDS is a part of the Organizing Committee.

Our purpose is to express the needs of people living with HIV/AIDS and to organize their presence during the meeting.

We have also been totally involved in each decision taken. A number of affected people will chair sessions and others will be rapporters. This is a giant step forward.

For all these reasons, the ICASA deserves our thanks.

We have organized a Pre-meeting of people living with HIV/AIDS and those from non-governmental organizations, and have organized theater groups composed of people from all countries living with HIV/AIDS. They will join cultural groups for the purpose of various presentations throughout the meeting.

During the meeting, people living with HIV/AIDS will have their office, a part of which will be arranged to care for those who have need of emergency treatment.

A large number of people believe that those living with HIV/AIDS are at such a point of despair that they no longer work. This is untrue and our office will prove the contrary, since we need to show our capacities for changing international trends concerning the battle against AIDS.

Many people talk about AIDS, study it, but does not the person living with it know it the

## Questions to the President of IXth ICASA, Dr Sam I. Okware

**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 work. We will share experiences of success and failure. We will interact and build bridges for future collaboration in the field of AIDS. We will, I hope, get solutions, but develop new strategies against AIDS. Our visitors will share from our experiences.

**N&C: Since last ICASA conference in Marrakech, what is your appreciation of the evolution of AIDS in Africa as well as in Uganda?**

**Dr S.I. Okware:** Since Marrakech, the following has happened: there are now more cases



Dr Sam I. Okware

than ever before and more orphans; the disease HIV is disproportionately affecting women of child bearing age; more collaborative research ventures have been established between developed and developing coun-

tries; there is a new UNAIDS programme, which symbolises the need to coordinate policy and implementation and monitoring of global programme; the socioeconomic consequences now are more obvious clear than ever before; there are reports of declining incidence among youths; the epidemic is rising in rural areas.

**N&C: Do you think this evolution is the consequence of inappropriate strategies? What should be done for a better efficiency in fighting AIDS in Africa?**

**Dr S.I. Okware:** This evolution is not because of inappropriate strategies - we started action late; AIDS came silently and spread before we could take early action. Beside behaviour change is dif-

icult to obtain overnight because of cultures-habits and routine. 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 the women.

We need renewed political commitment. More resources allocated to AIDS; more international and natural commitments need to use and adapt new methods found useful and effective elsewhere; we need to create income generating activities to support orphans, deprived women; we need to tackle the socioeconomic consequences with an integrated and holistic approach; we need to uphold the rights of those affected and unaffected.

### 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 do affect the entire economic sphere. In turn a weakened economy contributes to the deterioration of the health status of the population. By threatening the productive and reproductive forces, AIDS affects, in the final analysis, the entire economic development and demographic potential.

Already hit by the insufficiency 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 160 and 680\$ a year while the GNP stands at 320\$. Hospitalization costs between 90 and 400\$ and each patient is admitted 1.7 times a year on average. AIDS has brought about a concentration of health expenditure in hospitals where treatment, in a country like Tanzania, is twenty times as expensive 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 uncontaminated blood) care for the sick have led to the re-allocation of resources at the expense of other diseases which have continued unabated, or have even 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 threatens those who are in the productive age group. The economic effects are already noticeable at household, agricultural production and company levels thus bringing about adjustments and responses which could have medium and long-term consequences.

In agriculture, the dominant sector in African economies, the epidemic is likely to aggravate, in several regions the current crisis by directly affecting the availability of labour and by putting at stake the issue of food security as is already the case in certain areas of Tanzania and Uganda. In the industrial sector, where problems due to absenteeism of the sick, reduction in production and loss of personnel are harming companies, the real issue is the loss of qualified personnel as a result of the disease which one must add the cost of their replacement together with the disorganization of work that results from all this. The tertiary sector, which is an important component of the African economies where the state is the major employer, is also affected. As is well known, AIDS does not limit itself to the less educated classes or the less advantaged social classes; as a "disease of the elite", AIDS affects the decision making level too.

The educational system has not been spared either. The loss of highly qualified professionals or

### 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 have led to the emergence of a multiplicity of actors, trying, in their various fields, to find answers to the epidemic, both at government level, through National Programmes for the fight against AIDS (PNLS) or at community level, through individuals, families, communities and

NGOs. These different actors sometimes meet in the same field but lack a common articulation of the problem so as to increase efficiency in the fight against AIDS. It was this realization that was the basis of the Dakar workshop jointly organised by ENDA SANTE and the PNLs of Senegal with the participation of

Continued on Page 2

### 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 IXth I.C.A.S.A. Shot in October 1994, this 26 minute film sums up ten years of the AIDS pandemic in Uganda, one of the regions hardest hit by the HIV in the world. Evidence that has been collected by Dominique Nasples and her team who have interviewed both

NGOs and local leaders who are fighting against AIDS shows a glimmer of hope in the daily struggle and in the support given to infected people. The video cassette "Because of AIDS" is available at OPALS, 15 - 21, rue de l'Ecole de M dicine - 75006 Paris - France and at the OPALS stall during the conference exhibition at 50FF/5000 FCFA/10\$.

### U.S.A.I.D forum

On the occasion of the IXth International Conference on AIDS and STDs in Africa (I.C.A.S.A.), the African bureau of the United States Agency for International Development (U.S.A.I.D) has organised within the framework of the Human and Health Resources Analysis in Africa Pro-

gram a forum entitled: "Implications of Research Results on the Programmes and Policies on Prevention and Reduction of HIV/AIDS in Africa". The forum will take place on 10 December from 8.45 a.m. to 2.30 p.m. at Sheraton Hotel, Kampala.

## Editorial

### STRENGTHENING CARE AND SUPPORT

By Eric Chevallier and Sam Kalibala\*

On looking closely at more than a decade of responses to the HIV/AIDS epidemic it is obvious that on the one hand prevention has been the main thrust of international efforts and on the other hand that prevention and care were not often linked.

This situation must now change. It is now clear that a better balance of resources and a better articulation between prevention and care must be promoted in terms of a continuum which highlights their interdependence.

Why must the current situation change? Because firstly herein lies an ethical imperative which can no longer be ignored. It is no longer acceptable that persons living with HIV/AIDS (or those who are in some way affected by the epidemic) are left to view because of a strategy which aims only at limiting the number of new infected persons. This ethical imperative is further underlined for reasons of effectiveness in view of slowing down the epidemic. It is now clear these people who are so affected by HIV/AIDS have a crucial role to play in the long-term effective prevention of the epidemic and that their contribution is to a great extent dependent on the nature, the depth and quality of care and accessible support.

The short-sighted cost-benefit arguments which goes against the substantial allocation of resources towards care and support lose their strength if one looks at them in broader terms.

In order to identify the priorities in the developing world which ensure the lasting quality of life of people living with or affected by HIV/AIDS, the realities of the country must be taken into account. Amongst these priority needs are:

- access to drugs, antibiotics or painkillers.
- organisation of health systems so that they integrate the care of people living with HIV/AIDS across a continuum from the hospital to the community level, keeping in mind the burden that home-based care often put on women and young girls on the frontline.
- access to early psychosocial support in order to, among other purposes, mitigate the consequences on dependants and survivors, especially orphans.

This epidemic will be part of the human condition for some generations. We must learn to live with it and elaborate sustainable responses to it. Only a true multisectoral approach can enable this through real community participation and by ensuring that health policies as well as socioeconomic and development policies are taking HIV/AIDS into account during their elaboration as well as their implementation

\*UNAIDS

# THE MULTISECTORAL APPROACH FOR BETTER HIV/AIDS PREVENTION AND CONTROL

By John Rwomushana, MD\*

There is general agreement on the essential requirement for political commitment and a multisectoral approach to HIV/AIDS for effective prevention and control at national, regional and global levels. In this regard, the creation of UNAIDS, reflecting a multisectoral effort to pool resources for an expanded response, is a welcome development.

Experience over the past decade has provided lessons about the essence of political leadership and the formidable challenges of effective coordination of national multisectoral programmes.

Political commitment may be demonstrated mainly by: articulation of an appropriate policy framework; enactment of enabling legislation; assurance of regular Budgetary provisions; establishment of the requisite structures; participatory community mobilisation; and above all, national societal conscientisation.

An attitude of openness by political leaders about the epidemic creates the enabling environment for the success of innovative policies.

The multisectoral policy calls for active involvement of public and private sectors, where each has a mandate and relevant expertise, guided and carefully coordinated by Government. Coordination must be mutually acceptable and facilitatory, rather than supervisory, directing or

controlling. A hallmark of implementing a multisectoral strategy is the establishment of AIDS Control Programme (ACPs) in relevant government line ministries, additional to the biggest and oldest ACP in the Health Ministry.

Ministries relevant to HIV/AIDS include those responsible for health, education, information, gender and community development, youth, culture, labour, agriculture and justice.

The desired effect of proper multisectoral coordination should be to strengthen, rather than weaken, the existing sectoral ACPs.

Appropriate mechanisms must be put in place at the national and community level, to reflect the multisectoral coordination structures at the national level.

The major role of a national multisectoral coordinating body is to act as a catalytic hub to strengthen the activities of the various implementing partners.

Fulfillment of criteria for political support and effective coordination holds the promise for effective attainment of HIV/AIDS prevention and control.

\* Uganda AIDS Commission

## The role of media in the fight against AIDS

by James Deane\*

In much of Africa, the media are undergoing a renaissance, as former one party states have given way to multi-party systems and greater political pluralism. The role of newspaper, radio and television in HIV prevention has always been complex - as 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 people working to prevent AIDS has always been an uneasy one. AIDS has sold more newspapers than any other disease in history. It is a sensational disease - with its elements of sex, blood and death it has proved irresistible to editors across the world. For many AIDS workers, the media has been as often an obstacle as an ally.

If AIDS workers have to work in an environment in which television is exposing those with HIV, if radio stations are reporting that condoms have been laced with HIV as a way of wiping out populations, if there are front page newspaper stories that a herbalist or scientist has found a cure for AIDS, education programmes have little chance of success. For example media coverage in Zimbabwe of claims by traditional

healers that they had found a cure for AIDS led Dr Timothy Stamps, the country's Health Minister, to enforce legislation banning such claims in the future.

No AIDS prevention programme can hope to succeed in the long term unless the media in their country are provided with sufficient information and support to enable them to report the epidemic accurately and sensitively.

Despite a great deal of negative coverage, as the epidemic has progressed, however, there have been more and more examples where the media have played an active and leading role in AIDS prevention. In Malawi, in 1994, journalists of every new organisation in the country came together to draw up a unique programme where they would all work together to coordinate their media coverage of AIDS issues. They formed a new organisation, the Media AIDS Society of Malawi to implement the programme. In Uganda, the producer of this newspaper, New Vision, has for many years been playing a leadership role in the fight against AIDS in the country through its production of the AIDS paper Straight Talk, an approach which is being copied in other countries. In Egypt, a country very much at risk

continued on pg 2

## Mr Jacques Godfrain: The fight against AIDS is a fight for development.



Jacques Godfrain

"Hopes & Challenges": What are the strong points of French assistance to the fight against AIDS?

Jacques Godfrain (French Minister for Cooperation) Since 1987 when the fight against AIDS was started, French Cooperation has evolved considerably to take into account the spread of the pandemic disease and the progress of our knowledge about it. In the beginning, most of our efforts were centered around epidemiological surveillance and transfusion security. It rapidly became necessary to consider and add the other aspects of the fight against AIDS: prevention, medical management and assistance to afflicted individuals.

In all countries where French Cooperation is involved, we are trying to have an overall and consistent approach with national partners, in particular National AIDS Programs and more recently created associations, whose role today is recognised. Overall since we must act in complement with national partners and other forms of assistance, in particular the European Union and the United Nations. There is thus no thematic specificity in our cooperation, even though transfusion security and hospital interventions remain traditional strong points, but rather work in depth so that our partners can autonomously assume the epidemic and its consequences. It

is in this frame of mind that I say the fight against AIDS is a fight for development.

N&C: Beyond current actions, what initiatives will you take in the near future?

J. Godfrain: Our priority is not so much taking new initiatives, but rather to guarantee the endurance of what already exists and to extend our means of response as the epidemic develops. Throughout 1999 representatives of government, financial sponsors, international agencies, non-governmental development organisations, associations of afflicted individual have worked together to update the program of combat that will be conducted in the years to come. More than the definition of a precise and definitive content, it is the method - working together - that must be favored faced with a changing epidemic. This program was adopted at the Paris Summit a year ago. With the effective start-up of UNAIDS on January 1, 1996, the international community will have a renovated instrument of action and coordination that it sorely needs.

The program and the instrument thus exist. Today's priority is to implement the human, financial and technical means on a long-term basis. The climate is not one of spectacular announcements, but on the contrary one of a long-term engagement which in today's economic context presupposes vigilance at every moment. The political impetus has been given. It is now up to the heads of programs, experts and Civil Society to define in detail the content of the actions. This is precisely the aim of the Kampala meeting, to enable an exchange of experience, to discuss differing opinions, to become informed of research and to reinforce our determination to meet the challenge.

## AFRICA LACKS RESOURCES TO FIGHT AIDS

By Ndyakiru Amooti

The President of Uganda, Yoweri Museveni opened the IX International Conference on AIDS and STDs in Africa (ICASA) on Sunday evening with a call on African political leadership to play a major role in combating the spread of HIV.

Mr Museveni who was addressing over 3,000 participants, said HIV has been spreading like wild fire in Africa because of several factors, such as abject poverty, illiteracy and ignorance and poor health services.

He said, for instance, there is one doctor for every 25,000 people; compared to some countries in the developed world where the ratio is one doctor to 300 persons.

He also attributed the rapid spread of HIV/AIDS to what he called the collapse of the African traditional system eroded by the colonial era. He said new religious values which replaced traditional systems lacked detailed codes of conduct. He specifically avoided talking about the condom and its ability to control the spread of HIV.

continued on pg 2

## "INCLUDE HIV IN DEVELOPMENT PROGRAMS"

by Bakavoko Zeguela

"Include HIV in development programs" was the conclusion of Dr Lieve Franssen's paper presented during Monday morning's plenary session. (Dr Franssen is an HIV counsellor, EEC programme for developing countries). African economies which have been strained by structural adjustments should adopt this solution. Dr Franssen emphasized that African countries must realize that their economic development cannot be blocked by the fight against AIDS. On the contrary, the two go hand in hand: without human capital which is a vital

component in economic development, there can be no development.

From this perspective of HIV integrated development, Dr Franssen emphasized in particular, the essential role of women: "It is important that they are considered if we want to check this disease." To achieve this, women should be educated about their susceptibility and vulnerability to AIDS.

Finally, the development of partnership amongst African countries must be commended as a priority and steps ought to be taken in this direction.