Woodrow Wilson International Center for Scholars

June 2004
No. 6

Urban Update

COMPARATIVE URBAN STUDIES PROJECT

Health Crisis: HIV/AIDS in Developing World Cities

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Developing countries' urban areas are at the core of the HIV/AIDS epidemic. The normal functioning of urban areas, their societies, and institutions can be severely disrupted by a high prevalence of HIV/AIDS. This environment provides both a high potential for the spread of the disease and unique opportunities to fight and contain it.

When it comes to fighting HIV/AIDS, rigid, centralized plans and strategies devised at the national level usually fail to account for the urban dimensions of the epidemic. At the same time these strategies are not properly suited to take advantage of the possibilities and potential that an urban response to the disease can offer. For this reason, public health officials have found local government responses and community-based approaches to be particularly effective ways to deal with the needs of urban populations. This approach is especially effective at reaching under-served segments of communities and promoting a supportive legal, social, and cultural environment for people living with HIV/AIDS and their families.

The main focus of the seminar "Health Crisis: HIV/AIDS in Developing World Cities," held at the Woodrow Wilson Center on February 23, 2004, was precisely to address diverse community initiatives and right-based responses, which in some way emphasize the urban dimension of the epidemic. Framed in two panels, the conference, which was organized by the Comparative Urban Studies Project (CUSP) and the Environmental Change and Security Project (ECSP), brought together speakers from several multi-lateral organizations and NGOs.

Emphasizing the Role of Local Governments

In the first panel, the speakers analyzed why and how HIV/AIDS should be an issue of special concern for urban areas and also provided an overview of global resources available for HIV/AIDS prevention and treatment in an urban setting. They also explored further steps that need to be taken in order to more effectively address the epidemic from an urban perspective.

The participants in this panel emphasized the need to address the HIV/AIDS disease using a multi-sector approach that goes beyond the traditional health-centered paradigm. A common concern was the high impact the epidemic can have in urban areas by disrupting their normal functioning, affecting the capacities for effective local government, and obstructing attempts to provide for those areas' economic and social development. There was also strong agreement for the need to improve and develop tools useful for targeting the disease more effectively in the future. Two cases in point were the need for improving the quality of the available data on the epidemic and developing a systematic and thorough compilation of good models or best-practice examples of successful urban responses to HIV/AIDS.

The key to effectively addressing HIV/AIDS in an urban environment is to strengthen local institutions and to help national governments decentralize their national health services.

Each panelist described the most important characteristics of the urban approaches to HIV/AIDS undertaken by his or her respective agencies. In this regard, *Alexandria Panehal*, Director of the Urban Programs Office in the Bureau for Economic Growth, Agriculture and Trade at USAID focused on her office's contribution to USAID's overall approach to HIV/AIDS. Among other initiatives, USAID's Urban Programs Office has made a concerted effort to incorporate HIV/AIDS issues into all their mainstream programming and into the design of their existing programs. The underlying idea is to take advantage of urban programs originally unrelated to HIV/AIDS and "use them as a mechanism to incorporate issues related to public awareness of HIV/AIDS," explained Panehal. For example, programs with the International Youth Foundation and The Alliance Club, whose purpose is to provide job and life skills to currently unemployed youths, were modified in order to incorporate public awareness on HIV/AIDS.

A different perspective on the subject was brought by *Arachu Castro* from Harvard University. She is director of the Institute for Health and Social Justice at Partners in Health. Since her work takes place in rural areas of Haiti, she focused on the interactions between the rural areas and the capital city of Port-au-Prince, and how urban-rural migration patterns affect the incidence of HIV/AIDS in Haiti's population. Dr. Castro explained how the disease was first introduced in Haiti through sexual workers in the capital city and later expanded into the rural areas. Dr. Castro also pointed out that in urban Haiti there is a much higher incidence of HIV/AIDS than in the rural areas.

Castro cited a case-study showing that, all other variables being equal, HIV/AIDS was more prevalent in rural women who had had sex with truck drivers and soldiers or who had worked in the city as servants. The reason is that truck drivers and soldiers were coming from the cities, where the epidemic was stronger, while young girls working as servants in urban areas were frequently raped by urban residents who were already infected with HIV/AIDS. These interactions between rural and urban areas have substantive implications in terms of prevention efforts because even when there were prevention efforts in the rural areas, those efforts were not necessarily appropriate since they had no impact in the cities, where the sexual partners or rapists lived.

In his presentation, *Ronald MacInnis*, a Technical Advisor to USAID NGO partners working on HIV/AIDS, addressed many important issues that are underlying the urban dimensions of the epidemic and its treatment in an urban environment. Sharing a concern of many of his fellow panelists, he emphasized the need for more accurate data. In his opinion this is crucial so that "targeted interventions" can be more accurately aimed at those in

need in each country and each urban community, as opposed to "a one-size-fits-all philosophy for addressing HIV/AIDS." The problem is that, so far, it has not been possible to disaggregate the data on HIV/AIDS in urban areas. According to MacInnis, "It is not clear who in these urban environments is in need of particular services, who is getting the services, who is accessing what services are available." As examples of these data-related problems, he cited that in urban environments they often do not know in what particular parts of the cities the epidemic is concentrated. Illegal settlements, migrant populations and homeless people add to this data problem since most health data is based on household surveys, which do not take into consideration these groups.

The key to effectively addressing HIV/AIDS in an urban environment is to strengthen local institutions and to help national governments decentralize their national health services. While national strategic plans devised at the central government level provide a framework, they cannot be fully implemented from the center since the national government is not well positioned to develop and manage the implementation of programs based on local needs and realities. That is why developing urban leadership is so crucial. Local governments can make a huge difference in the fight against HIV/AIDS precisely due to their awareness of local needs and realities. In this context, MacInnis shared with the public and the other panelists the experience of AMICAALL (The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa), an initiative that has so far been successful in generating focus on the need for mayors to be leaders in HIV/AIDS. AMICAALL is still in the stage of mobilizing, educating and raising awareness among mayors but is already making them more fluent in talking about the disease within their communities and more aware of the HIV/AIDS-related services provided in those communities.

The idea that HIV/AIDS is a local government issue and that, consequently, local governments should be at the front of the effort to prevent and treat this epidemic was at the core of the presentation by *Nina Schuler*, who is coordinating for the World Bank a new joint Global HIV/AIDS Program and Urban Development Initiative to support local governments' responses to HIV/AIDS. However, she finds that there is still not enough real support for local governments in addressing HIV/AIDS, since in national AIDS programs there is often an unclear mandate for them. In addition, many urban and de-centralization programs do not integrate HIV/AIDS issues into their agenda.

In any event, what the speaker found is that even in such an un-inviting context, local governments had been doing a lot. She detected two areas where local governments have real strength to address HIV/AIDS: one is leadership in raising awareness, fighting stigma and committing to action; the second strength is their ability to work with whatever means are available to them, even if those means are not optimal. So, in order to help local government authorities address HIV/AIDS, the World Bank developed a practical handbook for them to use. The handbook, which has five main steps, addresses many of the challenges that local authorities face when it comes to implementing responses to the epidemic. It intends to be a generic guideline for local authorities that, whenever possible, should be linked to capacity-building programs. Although it is targeted at medium- to large-size municipalities in Sub-Saharan Africa, it is generic enough in terms of its components that it can be adapted and modified for other regions and given a number of different contexts.

Experiences in Community Involvement

The second panel of the session, which included three diverse presentations, was devoted to addressing successes and challenges of specific community-based approaches to HIV/AIDS in urban areas in Latin America and the Caribbean, Africa, and the Former Soviet Union.

Paulo Lyra from the Pan-American Health Organization opened the panel. After analyzing the

rationale for engaging communities in the fight against HIV/AIDS and addressing the risks and opportunities of this approach, the speaker focused on the role that Latin America can play in the context of the "three by five" initiative, an initiative in which the community is expected to play an important role in multiple ways. The goal of this World Health Organization initiative is to get three million people in the developing world under antiretroviral treatment by the end of 2005. Lyra pointed out that Latin America and the Caribbean can be considered a kind of laboratory for the "three by five" initiative for two reasons. First, the region hosts half of the three hundred thousand people who are currently under ART in the developing world. As a consequence, the region has learned important lessons in terms of how to expand treatment in a developing world setting. These lessons will be of much utility for other regions in the future. The second reason for considering Latin America and the Caribbean as a laboratory is that the region presents the full spectrum of possibilities when intersecting the two variables "HIV prevalence" and "treatment availability." There are countries with high prevalence and low treatment availability, like Haiti; low prevalence and high availability of treatment, like Chile; and countries like the Bahamas and Costa Rica which present both high prevalence and high availability of treatment. This situation may present an opportunity to draw some important lessons and share them with other regions.

The next panelist brought to the conference an NGO's experience and perspective on community-based approaches to HIV/AIDS. *Sue Simon* from the Open Society Institute talked about the activities of the International Harm Reduction Development Program, which has the mandate to help reduce drug-related harm in Eastern Europe and the former Soviet Union. The program has three interconnected components: the first is support for direct service delivery, mainly by giving grants through community-based and governmental programs throughout the region; the second component is centered in capacity building, usually through training programs including study tours. According to Simon, the third component, which is focused on creating an enabling public policy environment, is the most crucial of the three. The speaker explained that "unless the policy environment changes, direct services and capacity building are going to fail miserably. You have to build local support and ownership and you have to expand not only the number of stakeholders but the range of stakeholders."

The last speaker of the conference was *Lane Porter*, International Health Law and Human Rights Advisor for The Futures Group International and its POLICY Project, where he works in capacity-building educational and training activities linking human rights, reproductive health, and HIV/AIDS in several countries. Porter's presentation was focused on a case in which his project was involved in Tanzania, where they advised the Tanzania Women Lawyers Association (TWLA) in their search for a Human Rights based HIV/AIDS legislative reform. The TWLA conducted a review and assessment of laws affecting HIV/AIDS in Tanzania and reported their conclusions to the Minister of Justice. According to Porter, the objectives of TWLA's review and assessment were: to identify laws considered impediments to HIV/AIDS prevention and care; to suggest law reforms considered neces-

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sary to advance HIV/AIDS prevention and care; and to suggest enactment of laws considered necessary to advance HIV/AIDS prevention and care. As a result of their review and assessment, TWLA came up with five priority issues in HIV/AIDS prevention and care that should be the subject of law reform within the next two years.

Porter praised TWLA's involvement in the fight against HIV/AIDS since in his view it constitutes a very relevant component of the community role in fighting the epidemic. More important, he quoted Tanzania's Minister of Justice in praising and encouraging law associations and other civil society organizations' involvement in fighting the disease. Porter concluded that "HIV/AIDS is a multi-sector problem and law associations have a vital role to play by participating in assessments of legislation, advocating for reformed or new legislation, advising on specific priority issues, establishing and providing legal services, and teaching and writing on HIV/AIDS law."

The Way Ahead

Both panels agreed that the fight against HIV/AIDS in an urban setting is an issue that can be better addressed with a multi-sector approach, centered in local government and community-based initiatives as opposed to rigid, standardized and centralized schemes. These kinds of approaches, flexible by nature, are particularly relevant and suitable when it comes to confronting a disease like HIV/AIDS, which is so diverse in the way it is present in different groups, societies and regions.

However, it was clear that there is still much that needs to be done in order to succeed in the implementation of these approaches to the disease, and that current experiences have not yet been capable to solve the issues at stake. As *Joseph S. Tulchin*, co-chair of CUSP, pointed out, "If we had some hard empirical data, particularly on the urban dimension to this problem, we would be much more confident in the proposals we might suggest to agencies and donors."

The conference provided an invaluable opportunity to bring together practitioners working on much needed and innovative approaches to fighting HIV/AIDS. It provided the speakers and the public with the opportunity to exchange points of view, share experiences and lessons learned, and identify areas where it is necessary to make improvements to more effectively intervene against the epidemic. ■

The **COMPARATIVE URBAN STUDIES PROJECT (CUSP)** of the Woodrow Wilson Center was established in 1991 in an effort to bring together U.S. policymakers and urban researchers in a substantive discussion about how to build the viable urban governance structures and strong democratic civic culture that are essential for sustaining cities. Research priorities for CUSP include urban health, poverty alleviation, youth populations and conflict, and immigrant communities in cities.

This publication is made possible through support provided by the Urban Programs Team of the Office of Poverty Reduction in the Bureau of Economic Growth, Agriculture and Trade, U.S. Agency for International Development under the terms of the Cooperative Agreement No. GEW-A-00-02-00023-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development or the Woodrow Wilson Center.

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