The AIDS Impact Model (AIM) is a component of the Spectrum System of Policy Models. It is used to project the future number of HIV infections, AIDS cases, and AIDS deaths, given assumptions about adult HIV prevalence, as well as the demographic and social impacts of HIV.

AIM projections can help enhance knowledge about HIV and AIDS and build support for more effective prevention, care, and treatment policies and programs. The projections also can help stakeholders examine the impact of different intervention scenarios (possible scenario options range from taking no action to projecting the impact of alternate levels of funded interventions). The information generated by AIM can inform policy dialogue, planning, and advocacy. The Joint United Nations Program on HIV/AIDS (UNAIDS) uses AIM, along with the Estimation and Projection Package, to make the national and regional estimates it releases every two years.

TO ACCESS THE AIDS IMPACT MODEL

How Does AIM Work?

AIM integrates data and assumptions about the past and future course of adult HIV incidence and treatment coverage. Assumptions about other HIV characteristics can also be used for such variables as the survival period from HIV infection to AIDS death, the age and sex distribution of new infections, and the perinatal transmission rate. AIM modifies demographic projections from DemProj, another tool from the Spectrum system, to adjust for AIDS deaths and the impact of HIV infection on fertility. The Epidemiology section of AIM calculates the number of HIV infections, AIDS cases, and AIDS deaths. This information is used in the Treatment Costs section to calculate the projected costs of treatment for prevention of mother-to-child transmission (PMTCT), HIV, and HIV-related tuberculosis and opportunistic infections. Information from the Epidemiology section is also used in the Impacts section to calculate various indicators of demographic and social impact and in the Orphans section to project the likely number of children orphaned by AIDS. Outputs from AIM are usually put into PowerPoint presentations and used for policy dialogue and advocacy efforts.

Using AIM for Policy Dialogue and Advocacy

This section draws on experience in Mali, where the country’s first AIM application was created in 2001 and a second version was updated in 2009 based on the 2006 Demographic and Health Survey (DHS).

AT THE NATIONAL LEVEL

In supporting Mali’s multisectoral response through the National High Council for the Fight Against AIDS (HCNLS), the USAID | Health Policy Initiative, Task Order 1 used AIM to strengthen the capacity of key ministries to engage in HIV policy dialogue and advocacy. The project trained more than 200 executives and leaders from the Ministry of Territorial Administration and the Local Communities, the Ministry of Social Development of Solidarity and the Aged, and the ministry in charge of relations with institutions in presentation and facilitation techniques. Officials used AIM to increase the visibility and effectiveness of their HIV advocacy messages and increase public and private sector commitment to HIV programs.

WITH RELIGIOUS LEADERS

More than 90 percent of the population in Mali is Muslim, and Islamic leaders have tremendous influence over their congregation members. The Health Policy Initiative worked with a cadre of religious leaders—both Islamic and Christian—to adapt the AIM presentation to include relevant passages from the Koran and the Bible. The adapted AIM presentations for religious groups highlight the role of religion in reducing stigma and discrimination and in providing guidance and education on HIV prevention. The AIM projections used in the presentations motivated the religious leaders to create an inter-faith platform to contribute to the reduction of vulnerability to HIV and to give care and support to people living with or affected by HIV.

The project built religious leaders’ capacity as policy champions and helped them to design policy dialogue, awareness raising, and advocacy tools that integrate key cultural and religious references to be more persuasive in Malian society. Using these tools, religious leaders have initiated communication activities about HIV all over the country.

WITH PEOPLE LIVING WITH HIV

The Health Policy Initiative also has strengthened the capacity of the Malian Network of People Living with HIV/AIDS (RMAP+) to use AIM in evidence-based advocacy efforts with mayors and communal councils in their respective areas. RMAP+ has subsequently trained 40 members from 10 associations of people living with HIV in advocacy and policy dialogue using AIM data to help monitor the reach of HIV services.

Using AIM in Strategic Planning and Advocacy

The results from AIM projections can inform resource allocation, strategic planning, and advocacy for resource allocation. AIM projections are based on assumptions about the future levels of HIV prevalence and other factors. As such, it is possible to consider low, medium, and high variants of each assumption to obtain a range of plausible projections. These projections, when used with the Goals Model,
can inform strategic planning decisions about funding levels and resource allocation.

Alongside results from the Goals Model—used to estimate the resources required to implement specific interventions—the Health Policy Initiative presented the findings from AIM to the President of Mali, Cabinet ministers, parliamentarians, ambassadors, and other key decisionmakers to demonstrate the impact of HIV in Mali and to assess how best to allocate resources to achieve HIV program goals. Data from AIM have been used in the National Strategic Plan for the Fight against AIDS (2006–2010), which placed greater emphasis on effective and efficient prevention interventions for sex workers and other at-risk populations—groups identified by national policymakers as crucial to controlling the epidemic, based on results from AIM and the Goals Model.

Mali has recently held elections for the 703 mayors who play crucial roles in local government and policy leadership. To build the mayors’ awareness about HIV issues, in late 2009, the Health Policy Initiative used AIM to facilitate advocacy sessions with elected mayors and communal councils in the Cercles (second-level administrative unit) in Bla, Barouéli, and Kayes. The advocacy resulted in the unanimous commitment to include budget line items for HIV in their next budget sessions.

The update of AIM in early 2009 using the 2006 DHS has sparked new training with parliamentarians, ministry officials, the national AIDS council, private sector business leaders, and youth leaders. Thus, AIM has both targeted the highest level of Malian government and reached down to the community level. AIM’s adaptability has made it a powerful advocacy tool for responding to HIV in Mali.