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HIV and sex work: future directions in policy and programming

HIV and AIDS reporter, 7 October 2009

Feature: HIV and sex work: future directions in policy and programming

Recommended readings:

- Exploring HIV risk among MSM in Kigali, Rwanda
- Violence and exposure to HIV among sex workers in Phnom Penh, Cambodia
- Coverage of selected services for HIV/AIDS prevention, care, and treatment in low-and middle-income countries in 2005
- Sex work and the new era of HIV prevention and care
- UNAIDS guidance note on HIV and sex work

Latest additions:

- A handbook for network support agents and other community workers supporting HIV prevention, care support and treatment
- Programme to develop integrated HIV care for tuberculosis patients living with HIV: Evaluation of the project in Benin and the Democratic Republic of the Congo
- Headship of older persons in the context of HIV/AIDS in rural South Africa
- The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control
- HIV/AIDS, security and conflict: new realities, new responses

Announcements

Feature: **HIV and sex work: future directions in policy and programming**

It is widely recognised that commercial sex can play an important role in expanding HIV epidemics. But the evidence base on HIV and commercial sex is uneven. For example, the role of female sex workers in HIV epidemics has been studied extensively, but male and transgender sex workers have not despite serious sub-epidemics in these communities. Even where good quality research does exist it has not always led to action. Law and policy reform to safeguard sex workers from violence and discrimination, programmes to provide HIV prevention, treatment and care, and community development and empowerment measures have often failed to keep pace with the spread of the virus.

Male and transgendered sex workers in Africa

Male and transgendered sex workers are almost entirely absent from discussions about HIV in Africa. But some evidence is emerging. A study from Rwanda found a high degree of commercial and transactional sex among men who have sex with men in Kigali. Approximately 25% of respondents reported exchanging anal sex for either money or goods in the 12 months prior to survey, and 20% reported exchanging money or goods for anal sex in the 12 months prior to survey. The authors concluded that men who have sex with men in Kigali are at elevated risk of HIV infection compared to the general population, and require specific HIV/STI prevention services and support.

Law and policy reform

Sex workers have long argued that the criminalisation of sex work and inadequate legal protection increases their vulnerability to HIV. More recently Michel Sidibé, UNAIDS Executive Director, has also called for the repeal of laws that criminalise consensual adult sexual behaviour - including sex work. The importance of a favourable legal and policy environment has been recognised by experts from the Commission on AIDS in Asia who concluded that in order to prevent and control HIV in the region there must be a significant focus on improving human rights protections for marginalised groups. The human rights abuses experienced by sex workers are often extreme. Research by Carol Jenkins in Cambodia found that of the female and transgender sex workers surveyed approximately half reported being beaten by police; about a third were gang-raped by

police; slightly more than one-third were gang-raped by gangsters; and about three-quarters were gang-raped by clients (who are often also gangsters and out-of-uniform police) during the past year.

New directions in HIV prevention for sex workers?

A review of intervention coverage from 2005 showed that only 33% of sex workers were covered by outreach prevention programmes. Recent media reporting of Thai HIV vaccine trials have helped to raise the profile of research into new prevention technologies as well as prompting further consideration of more traditional methods. These technologies could have particular implications for sex workers that are rarely explored in mainstream debates. In their monograph, *Sex Work and the New Era of HIV Prevention and Care*, the Asia Pacific Network of Sex Workers have argued that sex workers are often vulnerable to misinformation, unethical medical practices, counterfeit goods and lack of access to commodities and services. The same barriers and issues which limit the success of current prevention methods will affect the success of new products and drugs. Current trends in policy and programming show a tendency towards the extension of micro-credit schemes to target people who sell sex. These schemes typically aim to lessen HIV risk by helping people to replace income gained from sex with alternate livelihood sources. To date there is little data on the efficacy of such programmes and it is an area that is likely to prompt discussion and debate as these approaches' use grows in developing countries.

This feature is written by Cheryl Overs, Department of Epidemiology and Preventative Medicine, Monash University Medical School, Australia, and Kate Hawkins, Institute of Development Studies, UK.

More information:

- Paulo Longo Research Initiative
<http://plri.wordpress.com/>
- International Network of Sex Work Projects
www.nswp.org
- WHO Toolkit on HIV and Sex Work
www.who.int/hiv/topics/vct/sw_toolkit/en/

- Sex workers and the sex industry, Eldis HIV and AIDS Resource Guide
www.eldis.org/go/topics/resource-guides/hiv-and-aids/vulnerable-groups/sex-workers-and-the-sex-industry
 - Sexual and reproductive health, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/sexual-and-reproductive-health
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Recommended readings

1. Exploring HIV risk among MSM in Kigali, Rwanda

Authors: A. Binagwaho; J. Chapman; Y. Utazirubanda

Publisher: Carolina Population Center, University of North Carolina, 2009

Internationally men who have sex with men (MSM) have been identified as a high risk group for HIV acquisition, due to a tendency towards higher risk sexual behaviours and greater numbers of casual (and often commercial) sexual partners. This report from the National AIDS Control Commission Rwanda presents findings from a behavioural surveillance study (BSS) of men who have sex with men in Kigali, Rwanda. Ninety nine questionnaires were carried out which aimed to describe the population of MSM in Kigali and explore the nature of sexual activity between MSM. It was found that MSM in Kigali are at elevated risk for HIV infection compared to the general population, and require specific HIV/STI prevention services/support. The research uncovered a high level of commercial and transactional sex among MSM in Kigali and a high degree of overlap of sexual networks between MSM living in different regions in Rwanda, and perhaps in different countries in East Africa. Approximately one-quarter of respondents reported sex with a woman in the past 12 months. Nearly 40% of these respondents also reported engaging in transactional sex with a woman in the past 12 months.

The authors suggest that further research is urgently needed to assess HIV/other STI prevalence among MSM. They also recommend additional research into MSM sexual networks (i.e. commercial and transactional sex, sex with women, sex and travel). It is recommended that within a sensitive human rights framework, HIV/STI awareness-raising campaigns targeting MSM should be carried out in a method that maximises privacy and safety, and avoids any unintended population-directed stigma and discrimination. The document additionally highlights that health services should be

reoriented to ensure that they are MSM-friendly and focused on the specific sexual health needs of MSM. Most urgently, efforts should be made to improve access to sexuality-sensitive psychosocial services, e.g. counselling, for MSM.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44835&type=Document>

2. Violence and exposure to HIV among sex workers in Phnom Penh, Cambodia

Authors: C. Jenkins

Publisher: USA Agency for International Development, 2006

As one of the few countries that have managed to check the spread of HIV, Cambodia is widely praised as a success story. This success is often attributed to the country's 100% condom programme. However, the evidence in this report from USAID reveals that the national HIV/AIDS program has failed to protect the rights of sex workers as women and as citizens. According to the results of this study, conducted among a sample of 1,000 female and transgender sex workers in Phnom Penh, during the period of one year approximately half of those surveyed reported being beaten by police. About a third were gang-raped by police, slightly more than one-third were gang-raped by gangsters and about three-quarters were gang-raped by clients (who are often also gangsters and out-of-uniform police). Most of these rapes occurred at gunpoint or with knives or other weapons. Over 90 percent of the sex workers surveyed in this sample were raped at least once within the year of research.

The author stresses that public health programs that do not protect the human rights of sex workers and others at high risk of acquiring HIV create serious barriers to comprehensive prevention and care. Although new legal instruments protect the rights of infected persons these same persons are very often without any social safety nets, other support mechanisms, or recourse to a rule of law prior to becoming infected. Recommendations are extensive and include institutional rigorous and regular training of police on gender issues, including gender based violence, human rights, and how the law is supposed to uphold these rights for all citizens. In addition the penalization of police and justice system employees who do not follow the laws and obstruct the registration of

rape complaints and the persecution of perpetrators is recommended. It is also stressed that donors and NGOs should support the reform of the police and justice system with the aim of ensuring rape, violence, and sexual abuse are properly managed according to the law for all citizens of Cambodia, as declared in the national constitution.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44836&type=Document>

3. Coverage of selected services for HIV/AIDS prevention, care, and treatment in low-and middle-income countries in 2005

Authors: J. Stover; M. Fahnestock

Publisher: Policy Project, Futures Group, Washington, 2005

This report from Constella Futures Policy Project presents the results of an assessment of the coverage of several key services for the prevention, care and treatment of HIV and AIDS in 2005. It updates similar reports on coverage in 2001 and 2003. This report includes results from 69 countries, including most low- and middle-income countries with more than 10,000 people living with HIV in 2005. The information presented by the authors relies on national service statistics and expert assessment. These data focus on the quantity of services provided and do not address the quality of those services. The results of this analysis suggest that most people in low- and middle-income countries do not have access to many key prevention services. Utilization is very low for voluntary counselling and testing, with an estimated 16.5 million visits per year or 0.5% of adults 15–49. Approximately 10 million pregnant women are offered services for prevention of mother-to-child transmission of HIV, about 11% of all pregnant women in these countries. The level of care available to most people living with HIV does not provide all the essential elements. The services that are available are usually located in capital cities and other urban areas, but not in rural areas.

The report concludes that significant progress has been made in most areas since 2001, but the only programs that provide access to most people who need services are AIDS education in the schools and condoms. In most other areas, greater effort will be required to expand services to meet the goal of universal access. A major development over the past few years is the rapid increase in the use of antiretroviral therapy, its use has

quadrupled since 2001. Nonetheless, there are still some important gaps, especially in knowledge of the size of vulnerable population groups and the availability of key services for them.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44837&type=Document>

4. Sex work and the new era of HIV prevention and care

Author: C. Overs

Publisher: Asia Pacific Network of Sex Workers, 2008

Many HIV agencies and civil society groups are considering the impact of new prevention and care methods and planning to incorporate them into their programs and policies. Large organisations have staff to work on this but smaller ones who are struggling with their daily work can find it difficult to monitor emerging issues. This publication from the Asia Pacific Network of Sex Workers is aimed at the many smaller sex work projects in that situation.

The author describes some of the new policies and interventions for HIV prevention and care that are already in place or on their way and discusses some of the opportunities and threats that they might bring to men, women and transgenders who sell sex, in different ways, in various parts of the world. The document concludes that much remains to evolve in HIV prevention and care in the coming months and years and there is much to learn. In the meantime, sex workers can play an important role by continuing to advocate for evidence-based programs and policies that reduce vulnerability to HIV and secure access to HIV prevention and care for sex workers and their children. Finally the author stresses that if there is any single conclusion from this book it is that for the new approaches to be effective we need more strategies and solutions for the old problems.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44838&type=Document>

5. UNAIDS guidance note on HIV and sex work

Publisher: Joint United Nations Programme on HIV/AIDS, 2009

In a world where the overwhelming majority of HIV infections are sexually transmitted, sex workers and their clients are at heightened risk of HIV, in large measure as a result of a larger number of sex partners. This Guidance Note from UNAIDS has been developed to provide the UNAIDS Cosponsors and Secretariat with a coordinated human-rights-based approach to promoting universal access to HIV prevention, treatment, care and support in the context of adult sex work. The document provides clarification and direction regarding approaches by the Joint United Nations Programme on HIV/AIDS to reduce HIV risk and vulnerability in the context of sex work. It provides a policy and programmatic emphasis that rests on three interdependent pillars: (1) access to HIV prevention, treatment, care and support for all sex workers and their clients (2) supportive environments and partnerships that facilitate universal access to needed services, including life choices and occupational alternatives to sex work for those who want to leave it; and (3) action to address structural issues related to HIV and sex work.

The document firmly built on human rights principles supporting the right of people to make informed choices about their lives, in a supportive environment that empowers them to make such choices free from coercion, violence and fear. In addition the Guidance Note affirms the human right to the liberty and security of person recognising each individual's agency over her/his body and sexuality, as well each individual's right not to be trafficked or held in slave-like conditions. A number of next steps are listed including that Member States should implement policies and programmes that support a comprehensive, rights-based approach to HIV and sex work. Progress should be monitored by national programmes, with support from UNAIDS.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44839&type=Document>

Latest additions from the HIV and AIDS resource guide

1. A handbook for network support agents and other community workers supporting HIV prevention, care support and treatment

Authors: HIV/AIDS International in Uganda
Publisher: International HIV/AIDS Alliance, 2009

Uganda like many other developing countries, suffers from inequitable distribution of health workers between rural and urban areas and between public and private sectors. To strengthen the referral systems, people living with HIV have been trained as Network Support Agents (NSA) to work alongside health care workers in health facilities. This handbook has been designed to help NSAs and other community-based volunteers/providers to be more effective in disseminating standardised HIV and AIDS information at grassroots levels. While the handbook is specific to Uganda, it covers

The handbook emphasises the importance of the acquisition of knowledge, skills and the right attitude needed to identify the psychosocial needs of people living with HIV/AIDS and address these needs by giving information, counselling and appropriate referrals.

The handbook provides key information on a broad range of areas affecting people living with HIV/AIDS including:

- basic communication skills for counselling and situations where counselling might be needed
- HIV and ARV treatment and the ABC of Septrin, the antibiotic used for treatment of infections and as a prophylaxis for opportunistic infections
- food and nutrition basics and home based care
- Illness and HIV/AIDS including other sexually transmitted infections (STIs) and tuberculosis
- focusing on the family including integrating family planning into prevention of mother to child transmission, working with orphans and vulnerable children, and preparing a will
- understanding gender roles in the context of HIV/AIDS, positive prevention and behavioural change and getting the community educated and involved
- stress management and caring for NSAs

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44694&type=Document>

2. Programme to develop integrated HIV care for tuberculosis patients living with HIV: Evaluation of the project in Benin and the Democratic Republic of the Congo

Authors: Josef Decosas (ed)

Publisher: Health Research for Action, 2008

This document is the final evaluation of a three year project to pilot integrated HIV and TB care in Benin and the DRC. The project was implemented by the National Tuberculosis Programmes of the two countries under management by the International Union against Tuberculosis and Lung Disease (IUTLD) with financing from the European Commission and additional technical assistance by Alter Santé Internationale and the Université Montpellier.

The evaluation was carried out by Health Research in Action (HERA) under contract to the IUTLD. The project was designed to deliver three main results: (1) To establish the practice of integrated HIV and tuberculosis care in a limited number of health facilities in the three project zones (Benin, Bas Congo, and Nord Kivu), and to continuously evaluate the practice in order to “learn by doing”; (2) To assess the cost-effectiveness of providing integrated HIV and tuberculosis care; (3) To assess the sustainability of providing integrated care for tuberculosis and HIV. Because of national governance of the project, and because of differences in health systems development and resource flows in the two countries, the project took on different forms and generated different results in each of the project areas.

The advantages of national governance of the project are clear. System changes can only be achieved by those who are controlling and managing the system. The project was very successful in opening a dialogue between national tuberculosis and national AIDS programmes in Benin and in the DRC. It demonstrated convincingly that quality HIV care can be delivered by non-specialist staff with minimal access to technology in first and second line health care facilities. What it requires, similar to the delivery of tuberculosis care, is tight monitoring and supervision, a functioning supply chain, and staff that is sufficiently supported with training and remuneration.

The demonstration of this successful model is only a first step. The next step should be a process of appropriation by The IUTLD (in order to build HIV care into its core

programme of cooperation with national tuberculosis programmes), by the Ministries of Health, the National Tuberculosis Programmes and the National AIDS Programmes in Benin and the DRC (in order to continue to scale up the process of integration of care), and by international financial donors (including the EC) to understand the burden that countries currently have to bear because of the practice of disease-specific international health development financing.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44682&type=Document>

3. Headship of older persons in the context of HIV/AIDS in rural South Africa

Authors: E. Schatz; S. Madhavan

Publisher: Institute of Behavioral Science, University of Colorado, 2009

This paper examines older persons' living arrangements in an area with 32% HIV-prevalence in South Africa. The paper concentrates on headship as a measure of position, and explores how households' composition and experience of a death differ across headship types.

The paper aims to assess indirect effects of income on status by exploring the extent to which pensioners are being thrust into positions of responsibility when deaths occur in households. In particular, the paper questions whether HIV/AIDS is different from other types of death in terms of older persons' presence as heads and transitions into headship status. In this context, the paper notes that there are some significant differences in household composition across headship types. Yet, its analysis does not point to a significantly greater presence of HIV/AIDS deaths in households headed by older persons over the period. Nevertheless, the HIV/AIDS-deaths reflect an age and sex pattern in the older age-set, where men are dying of HIV/AIDS much more than women. Thus, if this pattern continues, older women may be the only ones available to fill the role as household heads.

Equally important, the paper notes that a number of questions remain unanswered:

- Would an event history approach expose a higher risk of headship change in HIV/AIDS-affected households as compared to other households?
- To what extent does increased financial responsibility lead to higher status in the family and community?

Given these points, the paper emphasises that programmes may need to bolster support differently for older women and men. In addition, it underlines that:

- none of its findings should be used to minimise the extent to which the elderly are being affected by the epidemic
- its findings are an important starting point for further investigations aimed at understanding how HIV/AIDS is affecting the lives of older persons.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44636&type=Document>

4. The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control

Authors: Regien G Biesma; Ruairi ´ Brugha; Andrew Harmer

Publisher: Health Policy and Planning, 2009

This paper, published by the Health Policy and Planning journal, reviews country-level evidence about the impact of global health initiatives (GHIs), which have had profound effects on recipient country health systems in middle and low income countries. The authors select three initiatives that account for an estimated two-thirds of external funding earmarked for HIV and AIDS control in resource-poor countries: the Global Fund to Fight AIDS, TB and Malaria, the World Bank Multi-country AIDS Program (MAP) and the US President’s Emergency Plan for AIDS Relief (PEPFAR).

The authors, drawing on 31 original country-specific and cross-country articles and reports (based on country-level fieldwork conducted between 2002 and 2007), find positive effects. These include: a rapid scale-up in HIV and AIDS service delivery, greater stakeholder participation, and channelling of funds to non-governmental stakeholders, mainly NGOs and faith-based bodies. On the other hand, the authors find

negative effects, namely: distortion of recipient countries' national policies, notably through distracting governments from coordinated efforts to strengthen health systems and re-verticalization of planning, management and monitoring and evaluation systems.

The authors conclude with a call for sub-national and district studies to assess the degree to which GHIs are learning to align with and build the capacities of countries to respond to HIV and AIDS; whether marginalised populations access and benefit from GHI-funded programmes; and about the cost-effectiveness and long-term sustainability of the HIV and AIDS programmes funded by the GHIs.

[adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44279&type=Document>

5. HIV/AIDS, security and conflict: new realities, new responses

Authors: A. de Waal; J.F. Klot; M. Mahajan

Publisher: Netherlands Institute of International Relations, 2009

The nexus between conflict, security and HIV/AIDS transmission has been frequently detailed. Although, a number of alarmist messages have been expressed – such as decimating rates of infection amongst soldiers and the risks posed by HIV to the potential collapse of states – specific analyses of the impact of HIV in conflict and post-conflict situations have been thin on the ground. This has especially been the case regarding longer-term and structural impacts; and for human security and national stability.

The AIDS, Security and Conflict Initiative (ASCI) has sought to address these concerns. Indeed, as the final output of the four-year ASCI project this comprehensive paper aims to, as the authors state, provide a sound foundation for evidence-based HIV and AIDS policy development and programming - specifically across four conflict/security thematic areas:

- Military and uniformed services

- Humanitarian crises and post-conflict transitions
- Fragile and crisis states
- Cross-cutting issues, including gender, data collection and measurement, and media representation.

Such a thematic approach is borne out of the authors assertion that the problem of HIV and AIDS, conflict and security should not be analysed as a single overwhelming threat. Rather it should be understood as a composite of specific policy challenges, with effective responses within reach.

The authors principle findings/ recommendations include:

- The non-linear and reciprocal impacts of HIV and AIDS and state fragility make it extremely difficult to discern any causal links between the epidemic and national-level fragility. Prevailing indicators of state fragility fail to capture the impact of HIV and AIDS on local governance, human resources, service delivery and community survival
- Greater policy attention and service continuity is needed in post-conflict situations to respond to the complexities of context, increased population mobility, the demobilisation of combatants, disruptions in humanitarian provision to displaced persons and refugees in camp settings, and the overload of health and social services in areas of population return
- Develop command-centred approaches in the uniformed services - develop lines of accountability and enforcement mechanisms to prevent sexual violence within military institutions and to ensure remedies for HIV-infected survivors of rape and sexual violence committed by members of national, regional and mutinational forces, be they civilian, police or military
- Integrate HIV and AIDS prevention and response into disarmament, demobilisation and reintegration (DDR) programmes. DDR provides important entry points for HIV prevention, testing, care and treatment
- Increase continuity of HIV and AIDS responses during post-conflict transitions - this can be simultaneously a period of heightened risk for HIV transmission and of programmatic weakness because of discontinuities between emergency assistance and reconstruction and development efforts.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=44730&type=Document>

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Announcements

Conference: Alliances for Global Health Education presents 1st Latin American and Caribbean Conference on Global Health, Mexico

Dates: 09 April 2010 - 11 April 2010

Location: Instituto Nacional de Salud Pública (INSP), Cuernavaca, Mexico

November 1, 2009: Deadline for all abstract submissions are 11:59 pm Eastern Time

The programme analyses the differences between South/South collaborations and traditional North/South alliances, examines successes and obstacles to effective functioning of these partnerships and culls lessons that can be learned and adopted by the North.

More details available online at: <http://www.eldis.org/go/events-and-announcements&id=44773&type=Item>

Call for Nominations: Solutions for Global Health - Global South-South Development Expo 2009

Deadline for submission: 30 October 2009

This call for nominations, from The World Health Organisation and the Special Unit for South-South Cooperation of the UNDP, is looking for initiatives that provided an effective solution to a public health problem by succeeding on the basis of : Leadership, Innovation and Partnership.

Any public or private institution, group or project that have made significant contributions to human development in the global South and that have provided solutions to address Global Health that could be replicated, scaled up or adapted across developing countries is invited to participate.

The South Development Solution (SDS) could be a Southern-grown solution, a South–South partnership solution, a North-South-South triangular partnership solution, a South-South-Multilateral Organisation solution, a Public-Private partnership solution and/or combination of these.

More details available online at: <http://www.eldis.org/go/events-and-announcements&id=44774&type=Item>

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- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health

policies as well as health systems, service delivery and public health topics and programmes.

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Contact details:

IDS Health Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: hdi@ids.ac.uk
Tel: 44 1273 915 781