

## *Providing high quality accessible information to policy makers and practitioners working in health and development*

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Produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

### Antiretroviral Therapy in Resource Poor Settings: HIV and AIDS reporter, August 2008

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## Feature: Antiretroviral Therapy in Resource Poor Settings

There is increasing evidence that introducing antiretroviral treatment (ART) in resource poor settings can be very effective. ART decreases AIDS morbidity and mortality, while also reducing the probability of transmission by lowering the patient's viral load. While HIV/AIDS mortality rates have dropped by 50 to 70 per cent in richer countries that introduced ART in the 1990s, in developing countries fewer than 10 per cent of the 6 million people in need get access to ART. In Africa, Asia, and Latin America, where 90 percent of people with HIV/AIDS live, access to ART has been limited due to the high cost of drugs and lack of infrastructure capable of large-scale ART delivery.

However, various organisations such as the World Health Organisation and UNAIDS are working towards providing universal access to ART by 2010. Recent developments include cheaper antiretrovirals, increased availability of generic drugs, and more financing available from initiatives such as the Global Fund to fight AIDS, TB and Malaria, corporate organisations, governments, and donors. This increase in the affordability and financing of ART has resulted in a rapid expansion of ART programmes and countries planning to scale up ART access.

However while global organisations are supporting efforts to expand treatment access, there is a lack of clear evidence-based information to guide policy makers and programmes. Locally variable factors, such as changes in sexual behaviour in response to treatment, affect programme success and the impact of ART on mortality and transmission rates. A variety of questions need further research, such as whether promotion of safe sex during ART roll-out is required, the best mechanism through which to scale up provision, or the extent to which introduction of ART may reinforce socioeconomic inequalities in health.

Thus ideally, information from research should be used to design context specific strategies and programmes that account for regional differences. Research is needed to inform the difficult decisions that must be made regarding the allocation of finite resources, and the most effective mechanism for scaling up access to ART. Research and evaluation efforts must also be synchronised so that treatment programmes can be modified and improved over time. Despite the lack research or of models for implementing ART programmes in resource-poor settings, it is important that efforts scale up ART programmes continue.

### More information:

- The Global Fund to Fight AIDS, TB and Malaria  
<http://www.theglobalfund.org/EN/about/aids/default.asp>
- The US President's Emergency Plan for AIDS Relief  
<http://www.pepfar.gov/about/c19384.htm>
- UNAIDS  
<http://www.unaids.org/en/>
- International Treatment Access Coalition (ITAC)  
<http://www.who.int/hiv/itac/en/>
- Antiretroviral factsheet – 02  
<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=32554&type=Document>
- Antiretroviral Use in Resource-Poor Settings: Modeling Its Impact  
<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0030179&ct=1>

## Recommended readings

### **1. Antiretroviral therapy in resource-poor settings: decreasing barriers to access and promoting adherence**

Authors: Joia Muckherjee; Louise Ivers; Fernet Leandre; Paul Farmer; Heidi Behforouz

Publisher: Lippincott Williams & Wilkins, 2006

This article from the Journal of Acquired Immune Deficiency Syndromes (JAIDS) argues that the scale up of HIV testing and treatment cannot be done without improving access to primary healthcare. It also argues that food security is the greatest threat to the scale-up of antiretroviral (ARV) treatment provision in some of the countries most heavily affected by HIV. The article outlines a HIV Equity Initiative project in rural Haiti that improved access to HIV treatment for the poor by waiving clinic fees for all HIV and tuberculosis (TB) patients and by integrating routine HIV testing into primary health services.

The Haitian project created a network of health workers who provide adherence support to those on ARV treatment, and nutritional support to those who need this. The low rate of treatment failure in the Haitian project shows the effectiveness of such adherence support. The initial cost of providing the support network is offset in the longer term because there is less requirement for more costly second line ARV treatments. The authors call for greater advocacy of funding for initiatives that improve treatment adherence, particularly among those who are poor. HIV diagnosis, treatment and monitoring should be provided free of charge in poor communities to ensure that drugs are taken properly and not shared with family members or sold.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=32566&type=Document>

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### **2. Provision of antiretroviral therapy in resource-limited settings: a review of experience up to August 2003**

Authors: K. Attawell; J. Mundy; World Health Organization (WHO)

Publisher: Department for International Development Health Systems Resource Centre, 2004

Cheaper drugs and increased levels of financing mean the prospects should be improving for people with HIV/AIDS in poorer countries. There has been an expansion of existing antiretroviral therapy (ART) programmes and a number of new initiatives. But how can access to ART be most effectively improved, and what are the pitfalls that policymakers must avoid? In this briefing paper DFID's Health Systems Resource Centre gives an overview of experience to date and lessons learned.

The paper reviews whether ART is feasible in situations where resources are scarce, discusses the different approaches being adopted to providing ART in the public, NGO and private sectors, and sets out the issues involved in making it more widely available. The authors examine the issues of patient selection; health systems; clinical management; demand for and adherence to treatment regimes; community involvement; affordability and financing; and monitoring and evaluation. A lengthy executive summary is provided. The report also highlights a number of policy-relevant findings regarding the structure and focus of ART programmes, priorities of investment and training, and financing issues.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=14531&type=Document>

### **3. A national survey of the impact of rapid scale-up of antiretroviral therapy on health-care workers in Malawi: effects on human resources and survival**

Authors: Simon D Makombe; Andreas Jahn; Hannock Tweya

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This paper from the World Health Organization (WHO) aims to assess the human resources impact of Malawi's rapidly growing antiretroviral therapy (ART) programme and balance this against the survival benefit of health-care workers who have accessed ART themselves. The study uses a national cross-sectional survey of the human resource allocation in all public-sector health facilities providing ART in mid-2006 and includes a survival analysis of health-care workers who have accessed ART in public and private facilities.

The authors conclude that a large number of ART patients in Malawi are managed by a small proportion of the health-care workforce. Many health-care workers have accessed ART with good treatment outcomes. Currently, staffing required for ART balances against health-care workers' lives saved through treatment, although this may change in the future.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=34999&type=Document>

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### **4. Antiretroviral therapy in resource-poor settings: scaling up inequalities?**

Author: M. Egger; A. Boulle; M. Schechter; P. Miotti

Publisher: International Journal of Epidemiology, 2005

This editorial from the International Journal of Epidemiology questions the effect in equity of scaling up antiretroviral therapy (ART) in resource poor settings. In Africa, Asia, and Latin America, where 90 percent of people with HIV/AIDS live, access to ART has so far been limited to a minority of patients, due to the high cost of drugs and lack of infrastructure capable of delivering ART on a large scale. However, the debate in developing countries has moved from the question of whether the introduction of ART is feasible, to questions of how effective ART and care can best be delivered.

An important concern is whether it is possible to reduce AIDS deaths without reinforcing socioeconomic inequalities in health, and the differences in ART provision between genders, urban and rural populations, and between affluent and poor or marginalised populations, or geographical areas? Experiences from Brazil, South Africa, Malawi and Thailand are considered in the context of the 'inverse equity hypothesis', which states that health inequities get worse as new public health interventions reach those of higher socioeconomic status first and the poor later.

The authors conclude that despite the lack research or of models for implementing ART programmes in resource poor settings, this should not constrain efforts to scale up ART programmes; research and evaluation efforts are urgently needed and must be synchronised so that treatment programmes can be modified and improved over time. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=39240&type=Document>

## **5. Demystifying antiretroviral therapy in resource-poor settings**

Authors: Access to Essential Medicines Campaign: Médecins Sans Frontières (MSF)

Publisher: Access to Essential Medicines Campaign, MSF, 2003

This paper uses the example of a poor township 30 kilometres outside Cape Town to find out if antiretroviral therapy is possible in severely resource-constrained environments and to discover the best ways to deliver these drugs. Zidovudine (AZT) first became available in Khayelitsha township's two maternity wards in early 1999, and the programme has subsequently become one of the continent's biggest. Treatment was initially limited to opportunistic infections, but in May 2001, this was broadened to include antiretroviral therapy (ART), making the project the first to use antiretrovirals in government health facilities outside the context of clinical trials.

In analysing the programme's success to date and assessing the possibilities to use it as a model in other settings, three key aspects stand out: the affordability of the drugs, the involvement of the community, and the involvement of the patients themselves. A variety of lessons revealed by the project are also highlighted.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=14175&type=Document>

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## **Latest additions from the HIV and AIDS resource guide**

### **1. Feel! Think! Act!: A guide to interactive drama for sexual and reproductive health with young people**

Author: G. Gordon; R. Kidd; T. Mukiwa

Publisher: International HIV/AIDS Alliance, 2008

Drama and creative interaction can be a good way to draw out discussion and reflection on areas that are taboo, personal or difficult to share. This toolkit looks at how readers can use interactive drama to work with young people to improve sexual and reproductive health (SRH). It is aimed at youth groups, community youth workers, community drama groups, teachers, people working in sexual and reproductive health and HIV programmes, and anyone who wants to use drama as a process of learning and action on sexual and reproductive health.

The toolkit looks at two broad ways of working: In specific groups using interactive drama activities and discussion to explore issues, vision how things should be, find solutions and build skills; and through community events involving drama and discussion. These often begin with plays followed by discussion and action planning. The toolkit describes activities which can be used in both these ways of working. Interactive and participatory tools are provided designed to help participants express their ideas and feelings, think through issues and work out solutions. Topics include working together safely on SRH, SRH knowledge and attitudes, how to facilitate interactive drama and basic drama skills, looking at why do we behave as we do, mobilising the community, working with groups and making a play for performance, monitoring and evaluation. .

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=39094&type=Document>

### **2. Research on older adults with HIV**

Author: S.E. Karpiak; R.A. Shippy; M.H. Cantor  
Publisher: AIDS Community Research Initiative of America, 2008

Almost 27 percent of all people living with AIDS in the United States are aged over 50. Heterosexual sex is emerging as the current dominant mode of transmission. One decade after the introduction of highly active antiretroviral therapy (HAART) there is a dramatic decrease in mortality rates and increased life expectancy among people living with HIV/AIDS. With new HIV infection rates remaining level, the net result is an HIV positive population that is both greying and growing.

This report is a comprehensive research study of 1000 people over the age of 50 living with HIV in New York City. The majority were infected through heterosexual sex. The primary findings of this research indicates that the ageing HIV population does not have access to social support networks that provide support upon which the typical ageing adult relies. Without these functional informal support networks these older adults find themselves relying on costly formal care services. Enormous resources have contributed to changing the death sentence of an HIV/AIDS diagnosis to the reality of a longer life. Therefore, the authors argue, it is disconcerting that those who now live with HIV will face a healthcare system and communities ill prepared to care for them as they age with the disease. The report also makes a number of policy and practice recommendations.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=39076&type=Document>

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### **3. Priority interventions: HIV/AIDS prevention, treatment and care in the health sector**

Publisher: HIV/AIDS Department, WHO, 2008

Despite progress made in scaling up the response over the last decade, the HIV pandemic remains the most serious infectious disease challenge to global public health. This guide provides the 'how-to' for scaling up HIV/AIDS prevention, treatment, care and support interventions in the health sector. It is intended for use by public health decision makers, national AIDS programme managers, health care providers and workers (governmental, non-governmental and private), international and national and local donors, and civil society, including people living with and affected by HIV.

This document aims to: describe the priority health sector interventions that are needed to achieve universal access to HIV prevention, treatment and care; summarise key policy and technical recommendations developed by WHO and related to each of the priority health sector interventions; guide the selection and prioritisation of interventions for HIV prevention, treatment and care; and provide resources to support implementation of the priority health sector interventions for HIV prevention, treatment and care including a wide range of tools and other resources. The resources and tools provided are web-based presented as a reference list of key guidelines, toolkits and other resources.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=38959&type=Document>

#### **4. Children and AIDS: second stocktaking report**

Authors: United Nations Children's Fund (UNICEF)

Publisher: World Health Organization, 2008

This United Nations report shows progress in treating children with AIDS and preventing mother-to-child transmission (PMTCT) of HIV, but urges greater efforts to stem the tide of the global epidemic. The report examines progress and challenges in four key areas, known as the '4 Ps': Prevent mother-to-children transmission of HIV, provide paediatric treatment, prevent infection among adolescents and young people and protect and support children affected by HIV and AIDS.

Among other findings, the report says that by the end of 2006 21 countries, including Benin, Botswana, Brazil, Namibia, Rwanda, South Africa and Thailand, were on course to meet the 80 percent coverage target for PMTCT by 2010; an increase from 11 countries in 2005. In addition, the number of HIV-positive children in low- and middle-income countries receiving antiretroviral (ARV) treatment increased by 70 per cent between 2005 and 2006. Although it was estimated that only 23 percent of HIV-positive pregnant women were receiving ARVs by 2006, this was a 60 percent rise compared to 2005. Progress had been made in many countries with regard to the protection and care of children affected by AIDS, their access to social services, and school enrolment rates for children orphaned by the disease. At the same time, AIDS-affected children are still more likely than other children to fall behind in school or to live in poorer households. The report urges more resources be made available for prevention, treatment and protection efforts, implementation of new initiatives and scaling up those that have already been tested and proven effective. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=38934&type=Document>

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#### **5. AIDS in Brazil: a portrait in red**

Publisher: The Economist, 2008

This article from the Economist describes how the Brazilian government has sought to control the HIV epidemic spreading across the country. The report details how over the past 20 years the epidemic has expanded from vulnerable groups such as gay men into the general population.

There are three main strands to the government's response: an emphasis on condom use, helped by a recent loan from the World Bank to buy a billion condoms; government funding of free treatment for everyone with AIDS, which involves bypassing patents on anti-retroviral (ARV) drugs to keep down costs; and NGOs raising the profile of the problem thus putting pressure on government to act. The article concludes that the Brazilian government still faces many challenges. Both the demographic shift, and possibility of drug resistant HIV strains arising from poor drug compliance, will make diagnosis and treatment harder.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=38933&type=Document>

See the complete list of latest additions at: [www.eldis.org/hivaids](http://www.eldis.org/hivaids)

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**Announcements**

### **Conference: The Church and HIV and AIDS - challenged or changed?**

Dates: 29 November - 2 December 2008

Location: Dakar, Senegal

The theme of this conference, organised by the Pan African Christian AIDS Network (PACANet), is 'The Church and HIV and AIDS: Challenged or Changed? Measuring the impact and identifying the gaps in the Church response in Africa'. This event's overall purpose is to strengthen the Christian response to HIV and AIDS in Africa and to promote the development of partnerships between churches, Christian organisations and strategic partners from Africa and the North. The conference will focus on the following areas, research and networking, advocacy, capacity building, thematic programming, institutional capacity, and resource mobilisation.

<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=38985&type=Item>

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### **Training: Up-scaling care and support programme for people living with HIV/AIDS**

Dates: 3 - 7 November 2008

Location: Jaipur, India

This training programme, organised by the Institute of Health Management Research in Jaipur, aims to help participants develop skills for planning and delivering care and support programmes for people living with HIV/AIDS (PLHA). It also seeks to develop understanding about universal processes and standards for providing the services. It aims to strengthen participants technical and managerial capabilities in internalising these, and rolling-out care and support programs for PLHA and their families, in the local contexts.

The training is designed for planners, programme managers and service providers in public, private and NGO sectors involved in the management of care and support for HIV positive people at district, provincial and national levels.

<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=37959&type=Item>

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- 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

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