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Vulnerable groups and HIV/AIDS: HIV and AIDS reporter, 20 May 2008

Feature: Vulnerable groups and HIV/AIDS

Recommended readings:

- Civil society perspectives on HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam
- Squaring the Circle: AIDS, Poverty, and Human Development
- Food insecurity, HIV/AIDS pandemic and sexual behaviour of female commercial sex workers in Lagos metropolis, Nigeria
- Educational responses to HIV and AIDS for refugees and internally displaced persons: discussion paper for decision makers
- Fostering disability-inclusive HIV/AIDS programs in northeast India: a participatory study

Latest additions:

- Is poverty a driver for risky sexual behaviour? evidence from national surveys of adolescents in four African countries
- The impact of social cash transfers on children
- Palliative care in sub-Saharan Africa: an appraisal
- Monitoring effectiveness of programmes to prevent mother-to-child HIV transmission in lower-income countries
- Sex, drugs, and HIV/AIDS in China

Announcements

Feature: Vulnerable groups and HIV/AIDS

Emerging HIV epidemics in regions such as Eastern Europe and South East Asia are often being 'driven' by groups that are marginalised in these societies, including commercial sex workers, intravenous drug users, ethnic minorities, men who have sex with men, and prisoners. The existence of these groups is often denied, or the illegal nature of their activity means that governments fail to take action appropriate to their needs. As a result, these vulnerable groups are excluded or marginalised from the design, implementation, and evaluation of national HIV/AIDS policies and programmes. HIV exacerbates the factors that create marginalised groups of society through loss of livelihoods, high cost of health care, stigma and discrimination, denial of human rights,

and neglect and malnutrition of children. Stigma and discrimination against marginalised groups can take varying degrees and different forms including preventing people from being tested for HIV or receiving adequate care. In many cases, national laws and policies exacerbate stigma against people living with HIV/AIDS and groups at elevated risk of HIV infection. Significant financial barriers to accessing care and treatment persist, even where treatment is provided for “free”. Barriers include cost of transportation, fees associated with HIV diagnosis and treatment, lack of health care infrastructure and inadequate human resource capacity.

Without urgent attention to these key issues, the internationally declared goal of universal access to HIV/AIDS prevention, treatment, and care is not achievable. Moral questions about these groups should not influence their access to prevention and care programmes to reduce and eventually stop the spread of HIV/AIDS. National governments and international agencies must collaborate more effectively with civil society groups in order to hear their concerns and address their needs. It will only be through the active and meaningful participation of these marginalised, most affected groups that countries will be able to achieve universal access to HIV/AIDS prevention, treatment, care, and support and halt the progress of the HIV epidemic.

More information:

- Eldis key issues guide on Vulnerability <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/vulnerability-hiv-and-aids>
- International Development Committee report on HIV and marginalised groups <http://www.parliament.the-stationery-office.co.uk/pa/cm200607/cmselect/cmintdev/46/46i.pdf>

Recommended readings

1. Civil society perspectives on HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam

Authors: Public Health Watch, Open Society Institute's Public Health Program

Publisher: Open Society Institute and Soros Foundations Network, 2007

This report from the Open Society Institute examines groups that are excluded or marginalised from the design, implementation, and evaluation of national HIV/AIDS policies and programmes due to stigma. These groups such as injecting drug users, sex workers, men who have sex with men, prisoners, and ethnic minorities are disproportionately affected by the epidemic. The report looks at HIV/AIDS policy in Nicaragua, Senegal, Ukraine, the United States, and Vietnam and documents the varying degrees and different forms that stigma and discrimination against marginalised groups can take.

Key findings from the report include:

- significant barriers to accessing care and treatment remain, even where treatment is provided for “free.” Barriers include costs of transportation, fees associated with HIV diagnosis and treatment, lack of health care infrastructure and inadequate human resource capacity
- stigma and discrimination hinder people from being tested for HIV or receiving adequate care. In many cases, national laws, government policies, and law enforcement practices exacerbate stigma against people living with HIV/AIDS and groups at elevated risk of HIV infection

- few countries have truly integrated tuberculosis (TB) and HIV services or effectively addressed TB and other opportunistic infections, creating significant barriers to the delivery of comprehensive, accessible care and prevention services.

Without urgent attention to these key issues, the internationally declared goal of universal access to HIV/AIDS prevention, treatment, and care is not achievable. National governments and international agencies must collaborate more effectively with civil society groups in order to hear their concerns and address their needs. It will only be through the active and meaningful participation of these marginalised, most affected groups that countries will be able to achieve universal access to HIV/AIDS prevention, treatment, care, and support and to halt the progress of the HIV epidemic.[adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36277&type=Document>

2. Squaring the Circle: AIDS, Poverty, and Human Development

Authors: P Piot; R Greener; S Russell

Publisher: Public Library of Science Medicine , 2007

This report from UNAIDS highlights the differences between the effects of AIDS on poverty, and the effects of poverty upon the risk of acquiring HIV. HIV and poverty are linked but the report sites recent evidence that indicates that HIV is a disease of inequality, often associated with economic transition, rather than a disease of poverty in itself. The authors state that factors such as gender inequality and weakened social cohesion are important contributors to this equation.

The report concludes that greater understanding of the relationship between HIV and poverty is essential. To this end six steps are suggested:

- AIDS programmes must be tailored to individual country needs
- efforts should be made to combine HIV programmes with poverty reduction initiatives, such as microfinance
- the provision of HIV treatment can help prevent poverty and indirectly contribute to HIV prevention by breaking down stigma
- development plans generally must contribute to aids prevention and treatment in the communities they work in
- poverty reduction programmes must reduce vulnerability to HIV, particularly for women and young people
- increased international support, driven by high-level political will is needed to address AIDS in the world poorest countries and communities

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/vulnerability&id=35143&type=Document>

3. Food insecurity, HIV/AIDS pandemic and sexual behaviour of female commercial sex workers in Lagos

metropolis, Nigeria

Authors: J. L. Oyefara

Publisher: Social Aspects of HIV/AIDS Research Alliance , 2007

This study published in the SAHARA Journal examines the role of hunger and food insecurity in the sexual behaviour of female commercial sex workers in Lagos, Nigeria within the context of HIV/AIDS. In addition, the study investigates the prevalence of sexually transmitted infections (STIs) and induced abortion among the respondents.

The study finds that 35 percent of the respondents joined the sex industry because of poverty and lack of other means of getting daily food. While all the respondents had knowledge about the existence of HIV/AIDS, 82 percent identified sexual intercourse as a major route of HIV transmission. There was a significant relationship between poverty, food insecurity and consistent use of condoms by female sex workers. Specifically, only a quarter of respondents used condoms regularly in every sexual act. Consequently, just over 50 percent reported previous cases of STIs. In addition, 59 percent had become pregnant while on the job and 93 per cent of these pregnancies were aborted through induced abortion. In conclusion, hunger and malnutrition are important factors that drive young women into prostitution in Nigeria and these same factors hinder them from practicing safe sex. The report recommends that the Nigerian Government should develop programmes that will reduce hunger and food insecurity, in order to reduce rapid transmission of HIV infection in the country. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/vulnerability&id=35076&type=Document>

4. Educational responses to HIV and AIDS for refugees and internally displaced persons: discussion paper for decision makers

Publisher: United Nations Educational, Scientific and Cultural Organization , 2007

This discussion paper, prepared by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations High Commissioner for Refugees (UNHCR), is intended for policy-makers and implementers in ministries of education, civil society organizations, and donor and development agencies involved in emergency, reconstruction and development responses. It examines the current situation with regard to conflict, displacement and HIV, and notes the protection risks faced by refugees and Internally Displaced Persons (IDPs).

The paper then focuses on the key components of education sector responses to HIV and AIDS, and addresses the policy and programmatic measures required to address the prevention, treatment, care and support needs of refugees and IDPs as well as the HIV-related stigma and discrimination that they often face. The paper concludes with a number of recommendations, including a call to ministries of education, civil society organizations, and their development partners to:

- coordinate HIV and AIDS education for refugees and IDPs with other educational initiatives at the country, sub-national and organizational levels in order to avoid duplication of efforts and to maximise

- the effective use of human, financial and material resources
- promote the principles put forward in the Dakar Framework for Action, including the achievement of the six Education for All (EFA) goals by 2015
 - meaningfully involve communities in programme development, implementation, monitoring and evaluation
 - scale up and make programmes more comprehensive over time and across displacement phases.
 - customise the message in consultation with the community
 - monitor and evaluate programmes to guide future actions and take corrective measures when needed.

[adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/vulnerability&id=33239&type=Document>

5. Fostering disability-inclusive HIV/AIDS programs in northeast India: a participatory study

Authors: M. Morrow; M. C. Arunkumar; E. PearceHeather

Publisher: BMC Public Health, 2007

This study, published in BMC Journal, explores HIV risk and risk perception in relation to people with disability (PWD) in northeast India. It aimed to identify HIV-related education and service needs and preferences of PWD; in order to draft practical guidelines for inclusion of disability into HIV programming. The findings revealed that participants believe PWD in these states are potentially vulnerable to HIV transmission due to social exclusion and poverty, lack of knowledge, gender norms and obstacles to accessing HIV programmes. Neither HIV nor disability organisations currently address the risks, needs and preferences of PWD.

The guidelines produced by the study and disseminated to stakeholders emphasise opportunities for taking action with minimal cost and resources. This could include: using the networks and expertise of both HIV and disability sectors; producing HIV material in a variety of formats; and promoting accessibility to mainstream HIV education and services. The human rights obligations and public health benefits of modifying national and state policies and programmes to assist often disadvantaged PWD are also highlighted [adapted from author].

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/vulnerability&id=32921&type=Document>

Latest additions from the HIV and AIDS resource guide

1. Is poverty a driver for risky sexual behaviour? evidence from national surveys of adolescents in four African countries

Author: N. Nadise; E. Zulu; J. Ciera

Publisher: African journal of Reproductive Health, 2007

This article, published in the African Journal of Reproductive Health provides evidence on the link between

poverty and risky sexual behaviour. It examines the effect of wealth status on age at first sex, condom use, and multiple partners using data from more than 19,000 adolescents from Burkina Faso, Ghana, Malawi and Uganda. The results show that the wealthiest girls in Burkina Faso, Ghana and Malawi have later sexual debut compared with poorer adolescents, but this association was not significant in Uganda. Wealth status is weaker among males and significant only in Malawi, where those in the middle income group had earlier sexual debut. Wealthier adolescents were most likely to use condoms, but wealth status was not associated with the number of sexual partners.

The paper concludes that understanding patterns and motivations of early sexual debut, non-use of condoms, and multiple partnerships is an important contribution to HIV prevention strategies. From this study poverty appears to influence early sexual debut, especially among females, and the poor are less likely to be using condoms. Therefore, poverty, by influencing sexual behaviour and access to services, can influence the transmission of HIV infection.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=37172&type=Document>

2. The impact of social cash transfers on children

Author: B. Schubert; D. Webb; D. Temin

Publisher: Malawi Social Cash Transfer Pilot Scheme, 2007

This paper analyses the degree to which social cash transfer schemes that do not explicitly target HIV and AIDS affected persons or households reach HIV and AIDS affected households. By comparing different schemes in Zambia, Malawi and South Africa, the study identifies the main factors that determine both the share of HIV and AIDS affected households reached, and the impact achieved.

The authors find that in terms of the share of HIV and AIDS affected households benefiting from the scheme, the Zambia and Malawi schemes seem to have the highest share of HIV and AIDS affected households as a percentage of all beneficiary households. Approximately 70 per cent of the beneficiary households seem to be HIV and AIDS affected, even though they do not use HIV and AIDS as a targeting criterion. With regard to focusing on the ultra poor and neediest of the HIV and AIDS affected households the Zambia and Malawi schemes score high whereas the South African schemes score low. In the impact on children in HIV and AIDS affected households reached by the different schemes, the South African ones score highest. The generous amounts transferred by these schemes go some way to ensuring that the basic needs of children are met.

Key recommendations include:

- what is required for this research is comprehensive empirical evidence (beyond desk studies and simulations with 'bold assumptions') to get to the root of this subject
- policy makers involved in designing social cash transfer schemes in low income countries should choose between schemes that; target exclusively members of a specific 'vulnerable group', schemes that target all ultra poor households, schemes that target all households that are poor or ultra poor and at the same time labour constrained like the Zambia and Malawi pilot schemes, and universal schemes that do not target within a selected population group
- for low income countries like Zambia and Malawi – who have weak social welfare systems – the findings

of this work mean that implementation capacities are the main bottleneck for establishing effective social cash transfer schemes on a national scale. Schemes such as this should therefore be organised as simple, transparent and administratively undemanding as possible

- policy makers also have to ensure that the approach they adopt is feasible according to the financial and administrative capacities of their countries.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=37026&type=Document>

3. Palliative care in sub-Saharan Africa: an appraisal

Authors: R. Harding; I. J. Higginson

Publisher: The Diana, Princess of Wales Memorial Fund, 2004

This report offers an overview of existing palliative care models in sub-Saharan Africa. It analyses evidence from electronic biomedical databases and prepared reports. The paper finds that where available, palliative care appears to be provided by highly trained individuals, but unfortunately it does not reach many people who need it. Home-based care is the most common model of palliative care provision. It offers flexibility and increased potential for culturally appropriate care, but is limited by the suitability and availability of a home and family care network. Community involvement, particularly the use of volunteers to identify those in need appears to be successful, however, the capacity and methods of volunteer recruitment and retention are still unclear.

The authors offer recommendations to practitioners, funders, policymakers and researchers. For policy makers they suggest that palliative care must be a public health priority in the light of current and projected need particularly in response to the HIV epidemic and increasing cancer incidence. Diversity and innovation are key features of palliative care development in the diverse resource-poor settings of sub-Saharan Africa. However, a strategic approach is necessary to achieve palliative care delivery, incorporating advocacy, integration of palliative care into the continuum of care, education and training, drug access and establishing data systems.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36631&type=Document>

4. Monitoring effectiveness of programmes to prevent mother-to-child HIV transmission in lower-income countries

Authors: E.M. Stringer; B.H. Chi; N. Chintu

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2008

This article from the Bulletin of the World Health Organization proposes a new method for evaluating prevention of mother-to-child transmission of HIV (PMTCT) programmes. The authors suggest that HIV-free survival is the gold standard (or ideal measure) for settings with limited resources. It captures not only HIV infections, as well as deaths prevented, but also the benefits of survival for all children exposed to HIV including those that do not become infected. The authors also propose modifying the regular country-wide Demographic

and Health Surveys (DHS) by including more detailed questions regarding maternal HIV history, PMTCT programme enrolment and interventions received, infant feeding practices and household child mortality. In sampled households, they advocate the addition of a 'heel stick' for dried blood spot collection among children less than two years of age.

The authors conclude that modifying the DHS as they propose could provide a reliable method for assessing PMTCT effectiveness which could be used Africa-wide. It would also have the added advantage of including women who have not accessed institutional obstetric care and would otherwise have been excluded from most assessments.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36469&type=Document>

5. Sex, drugs, and HIV/AIDS in China

Authors: J. Watts

Publisher: The Lancet, 2008

This report from The Lancet focuses on the spread of HIV in China. Findings show that heterosexual sex has overtaken intravenous drug use as the main route of HIV transmission, with many new cases infected by marriage partners. Factors include the country's growing sex industry as well as an increase in personal freedoms and promiscuity, the spread of the internet, and growing curiosity about overseas norms of behaviour. However, estimates suggest that HIV prevalence in China is still relatively low at less than one in 1000 in a population of 1.3 billion. The rate of increase in infections slowed from 70,000 new infections in 2005 to 50,000 in 2007.

The report concludes that China has made considerable progress in controlling the AIDS epidemic. This is partly due to the government's efforts to be more open about the problem, improve public awareness and offer free testing and drugs. However, according to many non-governmental organisations, officials in some local areas are still under-estimating HIV prevalence. Despite investment in public education, knowledge of sexually transmitted diseases remains low. The report stresses that if China is to quell the new wave of infections in the general population, it must face up to changing patterns of sexual behaviour.

This article is available without charge but registration (free) is required.

Available online at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=36468&type=Document>

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[Announcements](#)

Conference: HDI at the Geneva Health Forum

The IDS Health and Development Information Team will be attending the Geneva Health Forum from the 25-28 May, 2008. Please come and meet members of the Team and learn more about our services in the Forum's marketplace. A range of HDI resources and other materials will be available at the booth.

Training: The Regional Capacity Building Partners presents a variety of courses in subject areas covering: HIV & AIDS, Climate Change and Governance & Leadership

Dates: 13 May 2008 - 06 June 2008

We have designed a series of Workshops tailored specifically for professionals working in different areas of development in order to ensure that they have the skills to address poverty and marginalization within their respective contexts. Each Workshop will be offered 2-3 times a year depending on demand. Please contact us if you want to know about the date when a repeat workshop is planned or check this website regularly for updates.

We offer various capacity building courses and workshops in the following areas of development:

- HIV & AIDS Workshops
- Climate Change Workshops
- Governance and Leadership Workshops

For a list of current courses click here: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities&id=37054&type=Item>

See the complete list of announcements at: <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/hiv-events-and-opportunities>

The HIV and AIDS Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

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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 public health topics and programmes.

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