



Australian aid: Approaches to HIV/AIDS

HIV/AIDS IS NOT SIMPLY A HEALTH ISSUE. IT THREATENS TO REVERSE THE GAINS IN ECONOMIC DEVELOPMENT THAT HAVE BEEN MADE IN MANY COUNTRIES, WHICH IN ITSELF THREATENS STABILITY.

THE FACTS

Sub-Saharan Africa accounts for 66 per cent of all people living with HIV/AIDS and the Asia-Pacific region 19 per cent. Although the infection rate in the Asia-Pacific region is relatively low, there are warning signs of an escalating crisis. New infections in the Asia-Pacific region totalled 1.2 million in 2004 and 8.2 million to date. Asia is now home to some of the fastest growing HIV epidemics in the world.

In the Asia-Pacific region the modes of transmission differ from one country to another. In many parts of Asia, injecting drug use, sex work and sex between men have been the main modes of transmission, whereas in the Pacific, as in Africa, heterosexual transmission remains the key concern.

Each country's epidemic is unique and there is no one formula for responding to them all. But it is possible to draw on the experience of the international community to identify key elements for an effective response. These include early political commitment, national coordination and ownership, partnerships at all levels of society, open communication and the removal of taboos around the disease itself and condom use, recognition of the vulnerability of women, and good surveillance data.

Australia is particularly concerned about the 'feminisation' of HIV/AIDS. Globally, young women now make up 60 per cent of 15–24 year olds living with HIV/AIDS, resulting in increased risk of mother-to-child transmission and more orphans infected and affected by the disease. A greater focus on the gender aspects of the epidemic is required, including how male and female social roles affect vulnerability to infection.

AUSTRALIA'S INTERNATIONAL HIV/AIDS STRATEGY

The Australian Government is deeply concerned at the incidence and impact of HIV/AIDS. Australia has committed A\$600 million over ten years to 2010 to the fight against HIV/AIDS.

Although the number of cases of HIV/AIDS is highest in Africa, Australia's development assistance program is focused in Asia and the Pacific as that is where our comparative advantage in providing aid is greatest. Australia's objective is to assist countries in Asia and the Pacific to take steps now to prevent and treat the epidemic. In addition to our bilateral HIV/AIDS activities in countries across the region, Australia has pledged \$75 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria to support treatment and prevention programs in the Asia-Pacific region. In recognition of the magnitude of the AIDS crisis in Africa, Australia will continue to provide some targeted assistance to this continent, primarily through non-government organisations.

The Australian aid program's approach to HIV/AIDS is guided by individual country circumstances and country-led strategies. It also recognises that the characteristics of the epidemics and the capacity to respond have evolved and will continue to vary across countries and regions.

Australia's approach focuses on five priorities:

- > strengthening leadership and advocacy;

- > building capacity to respond to HIV/AIDS;
- > changing attitudes and behaviour;
- > addressing HIV transmission associated with injecting drug use; and
- > supporting treatment and care.

Examples of approaches adopted in AusAID activities that have been successful or innovative in a country or regional context follow. These are preceded by lessons learned from international literature and AusAID's own experience in providing assistance to fight HIV/AIDS.

STRENGTHENING LEADERSHIP AND ADVOCACY

To address HIV/AIDS effectively, national political leaders need to adopt a pragmatic approach.

Political leadership can be galvanised when the social and economic risks and vulnerabilities to HIV/AIDS faced by countries and regions are fully known. Australia is undertaking a collaborative study to consider these risks in **Indonesia, Papua New Guinea** and **East Timor**. The study will also map the HIV/AIDS epidemic in these countries and examine future priorities for the response.

Political commitment to address HIV/AIDS can be strengthened by effectively monitoring government pledges and expenditure on HIV/AIDS programs. Australia is supporting the Institute for Democracy in **South Africa**, which is researching the expenditure on, and implementation of, a major antiretroviral treatment program and training community organisations to monitor government expenditure on HIV/AIDS.

In 2004 the Australian Government appointed a Special Representative to lead and coordinate efforts in mobilising resources aimed at fighting HIV/AIDS and to support the leadership roles taken by countries in the Asia-Pacific region.

BUILDING CAPACITY

An approach that provides multiple, multi-stage inputs over time has been shown to be most effective in building capacity to respond to HIV/AIDS.

Providing training in the **Pacific** is very expensive because of high transportation costs. To take advantage of economies of scale, Australia is collaborating with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, the World Health Organization, the Secretariat of the Pacific Community, UNAIDS and the Australasian Society for HIV Medicine to develop and deliver training to health workers in five Pacific island countries. The program includes regional workshops, clinical attachments and follow-up support through an internet discussion group.

Providing a continuum of care that includes quality treatment, care and support to people living with HIV/AIDS is imperative to mitigating the effects of HIV/AIDS.

The AusAID funded Ambulatory Care Project in **Thailand** was adapted from a

successful model for care developed at the Albion Street Centre in Sydney, Australia. Under this model people with HIV/AIDS who are mobile are treated where possible as outpatients, thus reducing the need for hospital beds and costs. Before this practice was introduced, most AIDS patients in need of treatment were hospitalised.

An evaluation of the Ambulatory Care Project found that elements of the model have been replicated within Thailand and nearby countries. The model was also found to be influential in developing the Government of Thailand's comprehensive community care approach to HIV/AIDS.

CHANGING ATTITUDES AND BEHAVIOURS

Creating an accepting community environment will help community-based prevention activities to be effective.

In **Papua New Guinea**, churches play a pivotal role in community attitudes towards people living with HIV/AIDS. Australia, as part of a comprehensive program of support



ABOVE: Phu Cu Province northern Vietnam, secondary school students learn HIV awareness. PHOTO: Alice Pagliano

for HIV/AIDS in PNG, is supporting the Church Covenant which proposes a strategy for action on HIV/AIDS. The covenant requires participating churches to make a commitment to be compassionate and supportive of people living with HIV/AIDS. Training has also been provided to help clergy provide education and pastoral care to those with HIV/AIDS.

Providing people with accurate and relevant information on the modes of transmission and safer practices is important to changing behaviour. Providing tools to change the behaviour of targeted groups is equally important.

In **Mozambique**, a group of sex workers have established OMES, Portuguese for 'Women's AIDS Education Organisation', to educate themselves and their communities about HIV. For more than a decade (with AusAID funding since 2000) they have been the main source of information about HIV for the city of Chimoio, which has a population of 170,000 with an infection rate of 25 per cent.

The women visit bars at night, educating patrons about the epidemic and handing out condoms. They provide community outreach and counselling by day. As a result of their involvement in OMES the women have created an influential role for themselves within their communities, removing the stigma normally associated with sex workers.

Women are more vulnerable to HIV infection and its consequences. Community acceptance of violence against women and women's lack of power to negotiate safe sex or to say 'no' to sex exacerbate this risk.

An AusAID-supported activity in **South Africa** aims to provide magistrates with the necessary knowledge to be aware of the link between domestic violence and HIV/AIDS in order to provide greater legal recourse for abused women, and in doing so to send a signal to communities that the law is serious in its response to domestic violence.

In the situations when HIV/AIDS is transmitted, men are usually the decision-makers. Therefore, to halt the spread of HIV/AIDS, men must learn to take responsibility for their actions.

AusAID is supporting an activity in **South Africa** that aims to influence boys under the age of 16 through education and role models about their responsibilities when they are sexually active. The activity uses soccer players as peer educators by recruiting groups of young boys, training them about HIV/AIDS and then encouraging them to share the information and skills with their peers.

Humanising the epidemic is an effective way to break stereotypes and reduce discrimination.

In **Indonesia**, a voice was given to people living with HIV/AIDS through the AusAID funded Spiritia Foundation. This was the first support group for HIV-positive people in Indonesia and it focuses on advocacy and human rights. Spiritia now has representatives in formal groups such as the National Aids Commission and the Global Fund's Country Coordination Mechanism.

ADDRESSING HIV TRANSMISSION ASSOCIATED WITH INJECTING DRUG USERS

The strong link between injecting drug use and HIV transmission throughout much of Asia makes harm reduction strategies essential.

The Australian Government, while not condoning illicit drug use, recognises the need for a pragmatic approach to deal with HIV related harms associated with injecting drug use. This should be part of a comprehensive response which includes supply reduction, demand reduction and alternative development strategies. In **Indonesia**, support was provided for the First National Harm Reduction Conference, in Jakarta in February 2005.

This first conference of its kind in Asia; it brought together representatives of government agencies from the security, health and religious sectors as well as a large group of non-government organisations to share knowledge and experience and to cooperate in establishing a national harm reduction strategy for injecting drug users in Indonesia.

Because police officers often have contact with injecting drug users, building their understanding of HIV transmission and their role in reducing it among drug users is essential.

In **China**, a regional activity is providing harm reduction workshops for high-level police and health officers. Harm reduction measures have been introduced into the curriculum of police academies and support has been provided to train trainers who, with government funding, can teach other police recruits. Training materials developed by the Yunnan Police Academy on harm reduction have also been distributed across China, funded by its national government.

SUPPORTING TREATMENT AND CARE

HIV/AIDS is a complex condition to manage, and treatment regimes need to be well designed and integrated with other health services.

In **Cambodia**, support is being provided for a research activity with the Ministry of Health to undertake trials aimed at determining the most effective means of treating people with HIV/AIDS in a resource-poor setting. As there is little research on antiretroviral therapy in this context, the results from Cambodia are expected to have a wide application.

Caring for people living with AIDS can be stressful for families and communities, particularly in villages without basic services.

In **Papua New Guinea**, 'living with dignity' kits have been developed to prolong the capacity of people living with AIDS to care for themselves. The kits comprise a

plastic bucket, shower head and tubing for showering, a plastic toilet with seat and cover, and a plastic wash bucket and hand basin.

Women and orphans who have no economic rights or are not aware of them, are at greater risk of HIV infection because they are more likely to be sexually exploited, need to sell sex or be subjected to violence as a result of poverty, economic dependence or disputes with families.

In **Uganda**, 'property grabbing' on the death of a spouse from AIDS is estimated to occur in 25 per cent of cases. An AusAID-supported program in Uganda aims to respond to this situation by raising public awareness of legal rights, improving inheritance protection, providing legal services and strengthening relevant government and community structures.

FURTHER INFORMATION AND RESOURCES

AUSTRALIA'S INTERNATIONAL HIV/AIDS STRATEGY AND ACTIVITIES

www.ausaid.gov.au/publications/pdf/aids_strategy.pdf

www.ausaid.gov.au/hottopics/hivaids/response.cfm

www.ausaid.gov.au/publications/pdf/hiv_report.pdf

RESEARCH ON RESPONSES TO HIV/AIDS

www.who.int/hiv/en

www.unaids.org/en/resources/publications/best+practice+collection.asp

OTHER USEFUL INFORMATION

www.un.org/works/aidssession

www.theglobalfund.org



MORE INFORMATION ABOUT AUSTRALIAN AID

Further information about the Australian Government's overseas aid program is available online at www.aisaid.gov.au

Australian Agency for International
Development (AusAID)
GPO Box 887
Canberra ACT 2601 Australia
Telephone (02) 6206 4000

FRONT COVER IMAGE: *The young and the very young learn about HIV/AIDS in Madang Province, Papua New Guinea.*

PHOTO: *Lorrie Graham*

BACK COVER IMAGE: *Learning together, Vietnam.* PHOTO: *Alice Pagliano*

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www.aisaid.gov.au