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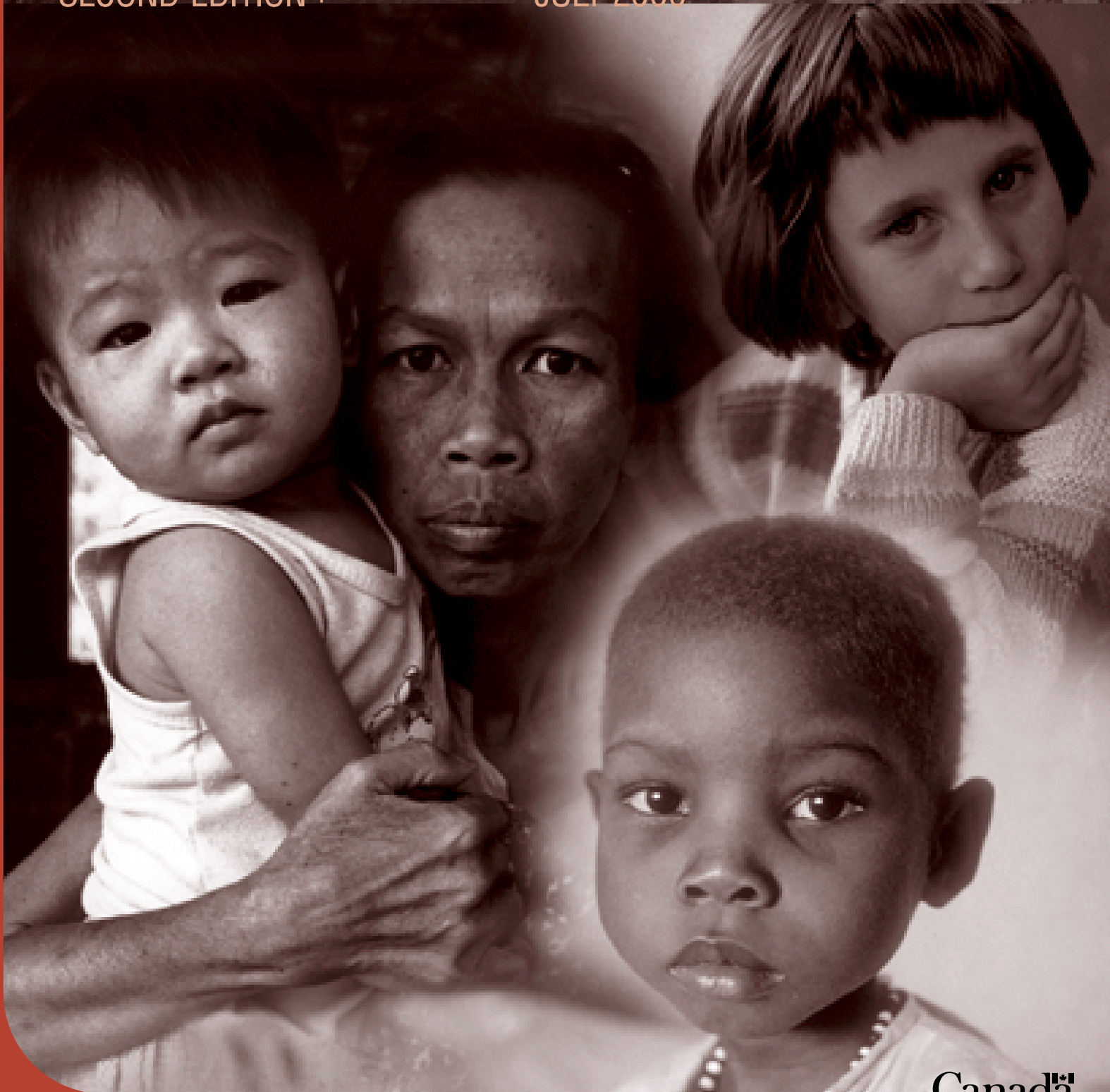
Agence canadienne de  
développement international

# CIDA'S HIV/AIDS ACTION PLAN

SECOND EDITION \*

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# CIDA



Canada

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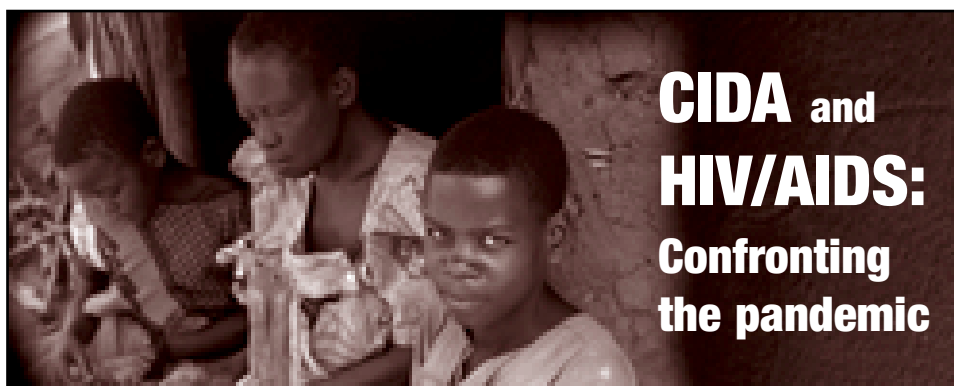
\* This second edition of *CIDA's HIV/AIDS Action Plan* incorporates comments and advice received during the international conference on HIV/AIDS, *Confronting the Global Pandemic, Canada's Contribution*, which was held in Toronto, Canada, on June 1 and 2, 2000.

# CIDA'S HIV/AIDS ACTION PLAN

## GUIDING PRINCIPLES

CIDA's programming in HIV/AIDS is guided by the following principles:

- supporting developing-country governments as they take the lead in generating their own national strategic plans to combat HIV/AIDS
- addressing the determinants of HIV/AIDS through intersectoral strategies, including considering the potential impacts of other development programs on HIV/AIDS
- promoting increased linkages between HIV/AIDS and basic education, human rights, and good governance
- promoting gender equality and gender sensitivity in HIV/AIDS programming
- supporting communities and vulnerable populations, including children, youth, women, as well as people affected and people living with HIV and AIDS, and encouraging their involvement in program design, implementation, and evaluation
- supporting partnerships between Canadian and developing-country organizations in combatting HIV and AIDS
- promoting sustainable development and poverty reduction through a broad development approach, including basic human needs and human rights
- establishing priorities in programming to ensure optimal impact, cost-effectiveness, and consistency with international guidelines on HIV and human rights



# CANADA'S GOALS

The following goals include those which have been agreed on by the international community, including Canada, to which CIDA will contribute, as well as those specific goals which CIDA has established for itself.

## **With its partners:**

1. Canada and its partners will ensure that, by 2005, at least 90% and, by 2010, at least 95% of young men and women aged 15-24 have access to the information, education, and services they need to develop the life skills required to reduce their vulnerability to HIV infection (ICPD+5, 1999).
2. Canada and its partners will ensure that, by 2005, prevalence in the 15-24 age group is reduced by 25% in the most affected countries, and that, by 2010, prevalence in this age group is reduced globally by 25% (ICPD+5, 1999).
3. Canada will work with its partners in a country-focused approach under the International Partnership against AIDS in Africa, coordinated by UNAIDS, in at least one country to significantly reduce the number of new HIV cases, reducing national levels of HIV prevalence.

## **CIDA-specific goals:**

4. To increase collaboration between CIDA branches and between sectors, sharing lessons and disseminating them more widely.
5. To increase outreach of CIDA programming to Canadian NGOs, academic institutions, and the private sector in order to increase their involvement in international HIV/AIDS work.
6. To encourage the development of innovative, cost-effective, knowledge-based approaches for rapid dissemination in the field.
7. To increase quality, quantity, and cost-effectiveness of HIV/AIDS interventions funded by CIDA.



## 1. A SNAPSHOT OF THE GLOBAL PANDEMIC

Although AIDS has been with us for just 20 years, it is already killing more people than any other infectious disease. With over 33 million people infected worldwide—more than 95% of them in developing countries—and 16,000 new infections a day, the virus is:

- **spreading** fast in most developing regions
- **outstripping** efforts to contain it
- **reversing** hard-won gains of development
- **reducing** life expectancy
- **growing** rapidly among youth
- **increasing** mortality among children under five
- **exacerbating** tuberculosis (TB) and opportunistic infections
- **undermining** investments in education and human-resource development
- **decreasing** agricultural production, savings, and social capital

Infections among women are increasing rapidly, creating an unprecedented number of orphans who are imposing heavy tolls on health systems, communities, and households.

Families in poor countries with high HIV prevalence are particularly vulnerable and suffer the greatest hardship. Households in Zambia and Uganda, for example, have suffered sustained economic decline as a result of HIV, both in rural and urban areas. Communities and households in countries with a high prevalence of HIV/AIDS have made significant structural changes in order to cope with the illness and death of significant family members and to take over the care and support of orphaned children.

### Sub-Saharan Africa is the hardest hit:

- 12 countries in sub-Saharan Africa have adult HIV infection rates over 10%—in Botswana and Zimbabwe, 25% of young adults are HIV-positive.
- 70% of HIV-positive women are aged 15-24. In two African cities—Kisumu, Kenya, and Ndola, Zambia—20% of girls aged 15-19 are HIV-positive.
- In Côte d'Ivoire, a teacher dies of AIDS every day.
- 55% of HIV-positive adults in sub-Saharan Africa are women.
- In Uganda, 40% of military personnel are infected.

### HIV is gaining strength in other developing regions:

- Latin America and the Caribbean have among the highest infection rates outside Africa.
- Since 1994, HIV prevalence in much of Asia and the Pacific has increased by over 100%—in India and China, the world's two most populous countries, infections are growing dramatically.
- Women account for 45% of all adults infected, up from 25% just 7 years ago.
- In South and Southeast Asia, HIV/AIDS has already killed more than 1 million people.
- In Eastern Europe and Central Asia, 50% of people living with HIV/AIDS were infected during the past two years.

**“There is no more urgent problem in the world today than the rapid spread of HIV infection. All humans ought to do what they can to address this matter.”**

**– Lee Zaslofsky  
AIDS Committee of Toronto**

**"A disease which has killed over two million people in Africa in a single year—more than 10 times the number that perished in wars and armed conflict during the same period. A disease which has already left 11 million orphans—90% of them in Africa. A disease which threatens to reverse hard-won gains in child survival and life expectancy, and which looms as a potential threat to national and regional security.**

**HIV/AIDS is now the leading cause of death in sub-Saharan Africa, but in other parts of the world the threat is also devastating. The number of people in the Newly Independent States [in Central and Eastern Europe] living with HIV/AIDS has doubled in the last two years. In Asia more than six million people are infected. If the epidemic is not controlled in the Indian Subcontinent, the consequences for that region will be truly appalling."**

**– Dr. Gro Harlem Brundtland, Statement to the World Health Organization Executive Board, January 2000**

Only two decades after the recognition of HIV, there has been tremendous capacity-building, both globally and at the grass-roots level within those communities most directly affected. Important advances have also been made in understanding the virus, how it is spread, and how its development can be slowed through therapy. An implication of this progress is that the pandemic is developing at different speeds among the rich and poor within and between countries and population groups. Although certain populations in industrialized countries remain highly vulnerable and the incidence among them is still on the rise, the overall number of new AIDS cases is falling, and those infected are living longer because of therapeutic advances. On the other hand, drug resistance is on the rise. This means that even industrialized countries cannot be complacent. Confronting AIDS is a costly burden on health systems everywhere.

Widening inequities also exist between industrialized and developing countries in:

- prevention and access to basic social services
- the quality and availability of treatment and care
- the impact on youth
- gender relations and social stigma associated with the disease
- human rights and governance

Double moral standards and stereotypes clearly indicate the inequalities between men and women, ethnic groups, and between people of different sexual orientations. The HIV pandemic has exacerbated unequal power relations and produced significant human-rights violations.



Photo: UNICEF/93-1226/Cindy Andrews

These inequities highlight the important link between reducing HIV/AIDS and poverty reduction, recognized by Canada's foreign policy statement, *Canada in the World*, as a central focus of Canada's development cooperation program. These inequities also highlight the fact that AIDS is broader than a single health issue: it is truly a symptom of inequity, poverty, illiteracy, and a general lack of access to other social services. These issues must be addressed in the process of combatting the pandemic—otherwise, catastrophe will result.

## 2. HIGHLIGHTS OF CURRENT PROGRAMMING

Primary prevention is by far the most effective means of controlling HIV. UNAIDS is stressing the need for “combination prevention,” which uses a variety of complementary approaches, including communications, political commitment and dialogue on the issue, condoms, treatment of sexually transmitted diseases (STDs), voluntary counselling and testing, a safe blood supply, a reduction in mother-to-child transmission (MTCT), and family-planning counselling for HIV-positive couples. Unfortunately, the availability of the various components of combination prevention, including information on what works, access to condoms and the ability to negotiate their use, female-controlled methods of prevention, and measures to prevent MTCT, are not universally accessible or available. CIDA's programming has addressed primary prevention through a number of programs (see Table 1 below), and is currently expanding its work to innovative ways of fast-tracking research and development on new preventive technologies with a particular application in developing-country settings. These include female-controlled methods, specifically the “invisible condom,” as well as vaccines (see Annex 1), with a focus on involving researchers in developing countries in the R&D process and in preparing the ground for the rapid introduction of these technologies.

Over the past decade, CIDA's programs have reflected the new directions the control of HIV and AIDS is taking—increasingly, a broad development approach based on the principles outlined on page 1 and consistent with the goal of minimizing the negative effects of HIV/AIDS on the poor and vulnerable is being adopted. A brief summary of current projects is provided in Annex 2. The table below provides a summary of CIDA's current major projects (title or country/region across the top) and the approaches each project is taking.

Table 1 shows that information, education, communication (IEC) approaches have been used broadly in CIDA's programming, and that most projects have contained elements of training and health-system strengthening. Except in Central and Eastern Europe, there has been less attention paid to linking CIDA's projects directly to national programs, an area which should be incorporated into future programming, especially given the important role of political commitment in HIV/AIDS prevention and control. Table 1 also shows that certain areas, in which CIDA has shown considerable leadership within the context of specific projects, have not been widely incorporated into CIDA's programming strategies. Examples include syndromic management of STDs,

Table 1: **HIV/AIDS PROJECT APPROACHES**

	SAT	West Africa	Kenya	RATN	Vitamin A	CAREC	Romania	Russia	Ukraine	Vietnam
IEC	•	•	•	•		•	•		•	•
Surveillance		•	•		•	•	•	•		
Community capacity-building	•	•				•	•	•	•	
Health-system strengthening			•	•	•	•	•	•	•	•
Support to national programs		•			•	•	•	•	•	
STD treatment and control		•	•			•				•
Prevention of MTCT					•					
Network-building	•			•				•	•	
Drugs & supplies (i.e., condoms)		•	•							•
Training	•	•	•	•				•	•	•
Testing & counselling	•			•	•					•
Targeting women	•	•	•		•	•		•		
Targeting youth	•					•	•	•	•	
Targeting children	•				•	•	•	•		
Targeting sex workers	•	•	•			•				•

Note: This table excludes Canada Partnership Branch projects. Acronyms are explained in the glossary.

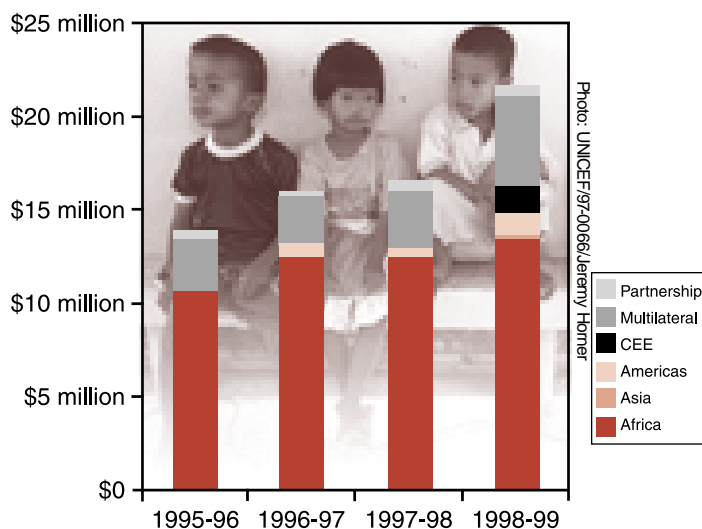
**“One of the lessons learned from things that work well is that targeting of high-risk groups, such as sex workers, can be very effective in terms of impact on the HIV epidemic, without necessarily implying any stigmatization of these groups. Furthermore, we have learned that it is possible to involve these populations in the design, implementation and evaluation of programs. The projects in West Africa and Kenya are a very good example.”**

**– Michel Alary**

**Groupe de recherche en épidémiologie, Hôpital du St-Sacrement, Québec**

which has been very successful in controlling STDs and preventing HIV transmission, and network-building, which could be a logical extension of small, independent activities such as community-focused projects. Other areas, which have not been systematically incorporated even though they are seen as strengths of CIDA’s broader work, include gender issues, youth and children, and a broad reproductive health approach that includes family planning.

Figure 1: **HIV/AIDS DISBURSEMENTS, 1995-1999**



Since 1987, CIDA has devoted over \$135 million to HIV and AIDS prevention, education, and care. Since 1995, funding for HIV and AIDS has increased from \$14 million in 1995 to \$21 million in 1999.

### 3. LESSONS LEARNED

An analysis of projects by CIDA program staff and CIDA partners highlighted several important lessons which can be applied to future programming, both in relation to the specific projects themselves and more broadly. Those issues identified in the analysis which are relevant to broader HIV and AIDS programming are noted below.

#### a) What has worked well

Some aspects of CIDA’s programming, which is implemented through developing-country partners, international organizations, and Canadian institutions and organizations, have been identified as particularly effective in addressing HIV and AIDS. They include the following:

- **Links with national programs** are critical to the success of projects, both in assuring buy-in and support from national authorities, and in helping stimulate political commitment to HIV/AIDS issues. Recognizing that countries must set their own priorities and develop their own plans to address HIV/AIDS is the first step in the development of successful partnerships and of sustainable approaches to HIV/AIDS control.
- **Synergies with other donors** through contributing to a larger program has led to a greater breadth and impact in terms of capacity-building and sustainability than would otherwise have been feasible for a single donor. This approach has also proven easier for reporting from the beneficiary’s standpoint.
- **Condom use** is the most effective barrier method to prevent HIV transmission. Their promotion has been associated with reductions in HIV incidence in many countries, including Thailand and Uganda. They also have the advantage of offering protection against other STDs, as well as pregnancy. Yet the demand for condoms, both for HIV prevention and family planning, has not been systematically met by governments, and studies have shown that condom use fluctuates greatly in response to their provision through government programs. The steady supply of condoms is a cost-effective way to reduce HIV transmission and to empower couples to take greater control of their reproductive health.

- **Syndromic management of STDs** to minimize the risk of HIV infection has been an important axis of CIDA-supported projects in Kenya, West Africa, and the Caribbean. The success of this approach is supported by data in Kenya where, to date, in the two project districts, a sustained decline in gonorrhoea and antenatal syphilis has been noted, and HIV prevalence appears to have stabilized. In Kenya alone, an estimated 2,500 new HIV infections are prevented annually. The syndromic management of STDs is an area in which CIDA has demonstrated leadership in the donor community.
- **Mobilization and capacity-building at the community level** in prevention, coping with illness, and destigmatization of high-risk groups have been key components in many CIDA-funded projects. In areas where HIV/AIDS is concentrated in populations, such as sex workers, truckers, and migrants, this approach has contributed to the restriction of the spread of HIV to the larger community by helping people recognize that AIDS has the potential to affect everyone, and that measures to prevent transmission need to be implemented quickly and effectively. Working with key change agents at the community level is an effective way to sustain HIV/AIDS activities. Contributions of community members, including the identification of their own problems and solutions, are crucial to project success and need to be recognized.
- **Peer counselling and “School Without Walls”** are locally relevant, culturally sensitive, and effective ways of communicating information on HIV and AIDS. “School Without Walls” is a training philosophy defined as a transfer of skills from organization to organization—an approach to building capacity through the horizontal transfer of knowledge. These methods have been used extensively by the Southern Africa AIDS Training Programme (SAT) project among youth, women, and at-risk groups. Peer education has been quite successful among female sex workers and other high-risk populations. Peer education could be further extended to the workplace and schools.
- **Training in HIV/AIDS prevention and control** in the context of regional networks has built capacity at the local level by using skills already available in the region, rather than relying on outside expertise. For example, the Regional AIDS Training Network (RATN) project in Kenya is administered by a small secretariat with the intention that the training network will eventually become self-sustaining. Courses provided have been responsive to local needs. The network has been a useful resource for UNAIDS and other donors, and has responded to a wide range of requests for training to meet specific training needs.

## b) Problems and constraints

Problems and constraints include the following:

- **Gender issues** such as gender power relations and social stigma are major barriers to the control of HIV/AIDS. Despite widespread recognition that gender issues are key to HIV prevention, practical interventions to improve gender inequalities have been an integral part of only some CIDA projects. Issues such as women's greater physical and social vulnerability to the infection, the targeting of young girls by older men because they are seen as “safe” from HIV infection or capable of curing existing infections, the need for heightened attention to female-controlled methods such as female condoms and microbicides, constraints to testing and counselling, and a range of issues related to MTCT have not been addressed in a concrete fashion. Male involvement in counselling, testing, and safe sexual practices also requires more attention.
- **Combatting social stigma** against high-risk and vulnerable groups remains a major challenge in many areas. Breaking the silence created by stigma and discrimination is key to prevention, as well as to prolonging the lives of people living with HIV/AIDS (PLWA).



- **Youth**, as agents for change, are not systematically incorporated into, or considered in, CIDA-supported projects. Youth are important, not only because of their potential for breaking the cycle of HIV transmission, and hence as recipients of HIV/AIDS messages, but also because they are powerful communicators within their peer group. Because they share common concerns and problems, youth can identify with one another and convey information about sensitive issues such as AIDS and STDs in ways that are easily grasped and accepted by their generation.
- **HIV testing and counselling** are difficult areas due to fear, stigma, and perceived inability to act on consequences. Attention needs to be paid to the development and testing of sensitive approaches that encourage people to be tested so they can take measures to prevent the transmission of HIV to others, including (when possible) to offspring through MTCT. It also provides the basis for early treatment of opportunistic infections.
- **Dependence on donor support and the short duration of projects**, particularly for community-based projects, are problems from the perspective of self-sustainability. It is necessary for donors to recognize that such projects generally require a long-term, sustained commitment.
- **Flexibility to absorb new findings and approaches** to HIV/AIDS is not often built into projects. Given the rapidly changing nature of the pandemic, mechanisms to increase responsiveness to new knowledge should be identified. Calculated risks also need to be part of a project's strategy.
- **Insufficient attention to integrated reproductive health programs** continues to be a problem. Adequate attention would ensure that both family planning and HIV/AIDS issues are taken into account.
- **Economic, social, and cultural constraints** may make "ideal" interventions impossible or difficult for project beneficiaries (e.g., formula feeding to prevent MTCT of HIV; learning styles in Russia). It is important for donors to take into account these constraints when developing projects or attempting to replicate interventions which have proven successful in other contexts.

#### 4. PROJECT PIPELINE

Several new and expanded projects are currently in CIDA's pipeline, a brief summary of which is provided in Annex 2. As Table 1 shows, pipeline projects will build on areas previously identified as successful.\* The pipeline also opens up new areas and approaches to programming. These include the following:

- **A country-focused approach** in partnership with other donors, along the lines of a sector-wide approach (SWAP) or sector investment program (SIP), will be introduced. Key to this approach is helping countries implement their own national HIV/AIDS strategy within the context of overall poverty reduction, with the countries themselves "in the driver's seat." This approach will be used in the pipeline project on AIDS control and prevention in India (see Annex 2), where CIDA will take responsibility for funding AIDS programs developed in conjunction with the national program and other key actors. By bringing together relevant government officials, national AIDS control personnel, NGOs, donors, and international organizations to plan and implement this program, greater synergies and cost-effectiveness as well as increased political commitment to the issue are likely to result.
- **Children affected by AIDS** has been the central focus of only one CIDA project in Romania (see Annex 1), although children have also been included as part of the programming in several other projects. This

\*It is likely that these areas of concentration will also be part of the three large African projects to be renewed, which are still in the process of development.



Photo: UNICEF/HQ96-1424/Giacomo Pirozzi

issue has been identified as an important element of several new pipeline projects, recognizing that the growing population of orphans in Africa is putting a serious strain on the coping capacities of communities. Greater consideration should be given to how communities can be assisted in coping with the estimated 40 million children who are expected to have lost one or both parents to the disease by the year 2010. While many organizations, including CIDA, have programs underway to support children affected by AIDS, the approach is of an emergency, short-term nature. What is required is a long-term strategy with clear goals and actions, including research on appropriate models of care and donor commitment to joint action to prevent what could otherwise be a lost generation, with dire consequences for Africa's well-being and sustainable development.

- **Behaviour change in HIV/AIDS** is a new area through which a broad-based approach to IEC programming—by researching, developing, and implementing effective, culturally appropriate and gender-sensitive IEC programs—are targeted to specific change agents.
- **Regional coordination of HIV/AIDS and TB** policies and plans of action, to enhance understanding of the co-factors of HIV and tuberculosis (TB) transmission and effective strategies for their prevention and control, is a new approach.
- **Reduction of mother-to-child transmission** through antiretroviral treatment of mothers and infants and improved access to family planning counselling is key. Nearly 5 million children under age 15 have been infected with HIV, mostly by MTCT. Currently, there are almost 14 million women of childbearing age in the world who are HIV-positive. In urban centres in Southern Africa, HIV rates of 20 to 30% among pregnant women are common. The virus may be transmitted during pregnancy, delivery, or breastfeeding. Without preventive measures, the risk of a baby acquiring the virus ranges from 30 to 35% in developing countries. CIDA is currently supporting a project studying ways of reducing transmission through breastfeeding by providing vitamin A (Annex 1). Another project in the pipeline will examine operational issues in the delivery and use of Nevirapine, a drug which was shown in a 1999 study in Uganda to be highly cost-effective. The results of these projects will be considered and built on, as appropriate.

- **Linking HIV/AIDS prevention to other development priorities** such as education, water, human rights, transportation, and peace-building will be increasingly undertaken in CIDA's programming. In highly affected areas such as Africa, considering the potential impact of HIV/AIDS on planned interventions, and vice versa, could lead to more comprehensive programming and a more concerted effort to redress the pandemic. This approach has been adopted in Uganda, by the World Bank in its Africa programming, and will also be a conscious strategy in CIDA's Southern Africa Program. This strategy may eventually become the norm for all programming in CIDA's Africa and Middle East Branch. Tools developed in Policy Branch on joint HIV/AIDS and education projects will be useful in this respect.
- **Political commitment to prevention, care, and support:** Countries like Uganda, Thailand, and Senegal have demonstrated that political commitment at the highest levels is key to the control of HIV/AIDS. This includes not only recognition that HIV/AIDS is a problem, but also commitment to its prevention and to the care and support of people living with and affected by HIV and AIDS. In Kampala, Uganda, for example, HIV prevalence in antenatal clinic attendees fell from 31% in 1990 to 15% in 1996. Some maintain that political commitment is the most important element in bringing down transmission rates because, once a country's top political officials zealously take up the cause, almost any preventive interventions will work effectively. Given the widespread recognition of the importance of political commitment, donors who have tended to shy away from open discussion of the issue could do more to influence political will in the area of HIV/AIDS.

## 5. OPPORTUNITIES FOR GREATER IMPACT

Despite the important contributions made by the projects described above, it is unlikely that the pandemic will be controlled unless all partners address development more intensively. This will require political commitment to a renewed development effort, both in developing countries and industrialized nations. The most promising strategy is a multipronged approach—an “investment portfolio” that includes several components ranging from short-term, low-risk, lower yield interventions to longer term, higher risk, high-yield interventions.

This section focuses on areas where greater impact could be obtained from future CIDA programming, in terms of issues that could be more adequately addressed and opportunities which are not being fully exploited. The suggestions here are based, to the extent possible, on evidence of what works. Unfortunately, definitive quantitative studies on successful approaches to the control of HIV/AIDS are more reliable in the area of biomedical interventions than in the area of social and behavioural interventions. However, considerable qualitative evidence has been amassed by UNAIDS and others, and the observations here are based on both qualitative and quantitative information.

**Opportunities such as high-level summits, head-of-state visits, and interchanges with government by in-country diplomatic staff could be exploited more fully for this purpose.**

- **Reproductive health programming:** So far, the links between reproductive health, sexual and reproductive rights, and HIV/AIDS are insufficiently recognized both at policy and programming levels. However, these links are obvious, and HIV/AIDS counselling and testing should be made available as a routine component of reproductive health services. Condoms are an effective method for preventing both STDs and pregnancy, and should be promoted further in collaboration with the United Nations Population Fund (UNFPA) at the country level. Microbicides are also very promising for joint protection. Support for the development and evaluation of new, easy-to-use, and inexpensive STD tests is urgently needed. Improved reproductive health services with sexual health counselling, especially for adolescent girls and boys, as well as widespread availability of HIV testing in a confidential setting, could go a long way in

reducing the risk of new infections. While all programs should respect confidentiality, it is of particular importance to ensure that sexual and reproductive health services targeted at young people respect their rights to privacy and confidentiality. **Opportunities for increased attention to reproductive health programming, including the provision of safe and effective family planning and adequate antenatal care, could be used more effectively for preventing STDs and HIV.**

- **The education sector:** Education can affect vulnerability to HIV/AIDS, and HIV/AIDS has a negative effect on the education sector. Information on the impact of HIV/AIDS on the education sector is scarce, but in situations of high prevalence, HIV may slow the demand for education because of the slower increase in cohorts of school-aged children. The loss of teachers as a result of AIDS may offset the declining demand, but the balance between these factors remains difficult to predict. More is known about the impact of education on the pandemic: it can slow its progress by equipping children and youth with the knowledge they need to avoid infection, and influence communities to effect positive social changes. Education can lower risk factors for HIV/AIDS by providing young people with the life skills they need to avoid infection: literacy, self-confidence, negotiating skills, and employment skills. It can also dispel myths about HIV/AIDS and encourage compassionate and caring behaviour toward those directly affected by HIV/AIDS. Focusing on youth before they become sexually active and before they drop out of school is particularly effective. Programs should also address the needs of young people who are not enrolled in school through non-formal means of education. HIV/AIDS also affects the demand for education by keeping children out of school to care for sick family members, or to work to supplement declining family incomes and to help pay the costs of medical expenses and funerals. They may also lack the money to pay for school fees, books, and uniforms. There

are fewer qualified teachers in certain regions of Africa because teachers are steadily dying from AIDS. **How the education system responds to the impact of HIV/AIDS is a critical part of any country's policy and planning process.**

- **Information, education, communication (IEC):** The foundation for HIV prevention is a high level of public awareness leading to behavioural change. Excellent examples of successful community-sensitive IEC approaches exist, but they are not widely shared among countries, even those with similar cultural characteristics. All too often, HIV/AIDS education is left to under-resourced health education divisions of Ministries of Health which tend to use traditional, didactic methods for conveying information. Insufficient attention is devoted to exploring what kinds of approaches are successful in changing how people perceive their risks, and how they respond in terms of high-risk behaviour. An example of a successful health education program is South Africa's "Soul City," a multimedia project involving television, radio, and printed booklets that provides socially relevant health information to its audience. The first external evaluation of Soul City showed not only that it had reached a wide and ethnically pluralistic audience, but also that it had affected the behaviour of up to 87% of those interviewed. **Critical evaluations of this kind in the area of HIV/AIDS is required so that successful approaches can be identified and replicated.**

**"Access to HIV drugs is part of a broader issue of access to drugs, medicines and vaccines. Let us be frank about it: essential and life-saving drugs exist while millions and millions of people cannot afford them. That amounts to a moral problem, a political problem and a problem of credibility for the global market system."**

**– Dr. Gro Harlem Brundtland  
Geneva, January 24, 2000**

- Female-controlled methods:** To prevent the transmission of HIV to women through their partners—a growing problem in Africa where women now outnumber men among HIV infected adults—there is an urgent need for female-controlled methods. The advantage of female-controlled methods, especially “invisible” ones such as microbicides and gels, are that women will not have to negotiate their use with partners. Combination methods that will allow women to become pregnant while being protected from infection are also needed. They will be extremely welcome for women whose status in the household often depends on their ability to have children. In developing countries, partnerships between Canadian and African researchers could help prepare the field sites for clinical trials so that promising technologies could be rapidly introduced, once they are proven safe and effective in the North. In addition to speeding up the process, this would facilitate capacity-building on clinical-trial work in developing countries, expertise which is also needed for a variety of applications beyond HIV/AIDS. **The rapid development, testing, and marketing of promising technologies, especially female condoms and microbicides, need to be fast-tracked.**
- Vaccine development:** Combining existing interventions effectively can prevent the spread of HIV/AIDS. Unfortunately, this approach is not winning the battle against AIDS in most severely affected countries, and a more sustainable solution is required. Health education and condom promotion are working only in selected areas. Drug resistance to available therapies is a growing threat; therefore, even prolonging life with combination therapy may not be a long-term possibility. Vaccines are the “bottom line for the future” (Piot, the Hague, February 8, 1999). Paradoxically, less than 5% of resources spent on HIV/AIDS worldwide is devoted to vaccine research and development (R&D). The International AIDS Vaccine

Initiative (IAVI) is an excellent model for accelerating scientific progress by moving vaccine products quickly into clinical trials and broadening R&D efforts internationally, as well as for creating a more supportive environment for industry involvement in HIV vaccine development. To date, private industry has viewed HIV/AIDS vaccines as a risky venture, given that poor countries are unlikely to be able to afford them. IAVI is finding ways to reduce this risk and stimulate private-sector involvement, such as guaranteeing markets through World Bank loans or gifts. The Millennium Vaccine Initiative, launched at the UN Security Council Meeting on HIV/AIDS in January 2000, includes a billion-dollar tax credit to accelerate the R&D on the introduction of vaccines and microbicides for malaria, TB, HIV, and other infectious diseases that kill more than one million people every year. It also includes a vaccine-purchase component. The Global Alliance for Vaccines and Immunization (GAVI) represents a global partnership of organizations, foundations, donor-country and developing-country governments, industry, and the research community. One of its major objectives is to contribute to an enhanced effort towards the R&D of vaccines such as an HIV/AIDS vaccine. Since CIDA represents bilateral donor agencies on the GAVI board, it can play an instrumental role as an advocate in this area. **Greater support for HIV/AIDS vaccine research and development could fast-track the process of making these vitally important vaccines a reality.**

- Treatment issues:** The role of treating opportunistic infections to prolong the lives of people infected with HIV and AIDS should be further investigated. This is particularly important for women, so that mothers’ lives are prolonged to allow women to live as long as possible in a healthy state. Generally, more attention to treatment of opportunistic infections could improve the quality of life for all people affected by HIV/AIDS. For example,

TB kills more AIDS patients than any other opportunistic infection. Treatment of HIV infections is also a major issue for HIV/AIDS affected people in developing countries, as is the lack of therapy available and the necessary laboratory support to monitor the effect of the drugs. The highest rate of HIV/AIDS is in the South, whereas most available therapy is in the North. Similarly, the perspective of people living with AIDS in the North are more integrated into issues relating to treatment than in the South. The World Health Organization has recently announced a concerted effort to negotiate with pharmaceutical companies cheaper prices for existing HIV drugs to be distributed in developing countries; assistance to ensure adequate laboratory support will also be necessary. **Treatment options, including cost reductions for expensive drugs and less complex alternatives to therapies currently available in developed countries, should be explored. The perspectives of people living with AIDS should be an integral part of these negotiations.**

- **Health-system strengthening:** Key to the long-term sustainability of any health intervention, including interventions against HIV/AIDS, is the viability of the health system and its ability to respond to the needs of the population. This is a challenge for donors and local governments alike, since it involves a long-term, sustained commitment to improving service provision, training, provision of supplies and equipment, systems issues, evaluation, and monitoring. **Dividends from strengthened health systems will surely be greatest, not only for the control of HIV/AIDS, but also for the provision of health in a more holistic manner.**
- **Monitoring and evaluation:** At a global level, much less attention has been devoted to the monitoring and evaluation of successes and failures in HIV/AIDS programming than to the development and implementation of

interventions. This is particularly true of projects in the social and behavioural area. While UNAIDS cites examples of best practices, these assessments do not always appear to be evidence-based. For example, it seems clear that political commitment is important in HIV/AIDS prevention and control, but less is known about what brings about political commitment and how it is sustained. Similarly, more analysis is required in the area of IEC, as pointed out previously, in order to understand what elements of IEC are most successful. CIDA, in collaboration with developing countries, UNAIDS and its co-sponsors, as well as other donors, might provide guidance on how to incorporate more knowledge-based and critical approaches into HIV/AIDS strategies, particularly given the urgency and severity of the pandemic and the need to replicate cost-effective and sustainable strategies. In addition, UNAIDS, as a coordinated UN response to HIV/AIDS, has now been in existence for five years—an upcoming evaluation will be an opportunity to learn, apply, and build on the lessons gained so far from this unique UN model. **The monitoring and evaluation of the impact of HIV/AIDS interventions in order to build on lessons learned is a high priority for CIDA and other development partners.**

## 6. CANADA'S COMPARATIVE ADVANTAGE

Domestically, Canada has been involved in the fight against HIV/AIDS since the mid-1980s. The *Canadian Strategy on HIV/AIDS* is testimony to the inclusive approach our domestic agenda is taking, both substantively and in terms of representation of all sectors of society. Internationally, CIDA has been working in HIV/AIDS since 1987. In an assessment recently completed by Health Canada and CIDA, the following Canadian comparative advantages were identified:

- **International reputation and credibility:** Canada is known as a team player among

multilateral agencies, and it has shown leadership in several areas related to HIV/AIDS. Government, universities, and community-based AIDS organizations have expertise, experience, and credibility in various aspects of AIDS programming, policy development, and capacity-building.

- **Unique geographical position:** Its unique history and close ties with Latin America and the Caribbean, as well as with Francophone, Commonwealth, and Pacific Rim countries, puts Canada in an ideal position to work with these countries to address the HIV/AIDS epidemic.
- **Proven record:** Domestically, Canada has a strong commitment to HIV/AIDS, demonstrated by the *Canadian Strategy on HIV/AIDS*. Internationally, Canada's programming has succeeded in obtaining commitment to AIDS control at all levels, including grass-roots communities, high-risk groups, NGOs, and policy makers.
- **Leader in human rights:** At the 55th session of the UN Commission on Human Rights, Canada supported a resolution to promote the *International Guidelines on HIV/AIDS and Human Rights*. Canada is also a strong supporter of the *Convention on the Rights of the Child*. Canadian NGOs have developed considerable capacity to address the legal and human-rights issues surrounding HIV/AIDS.
- **Leader in gender equality:** Canada is a recognized leader in the area of gender equality. Because of its sensitivity to gender issues and tolerance for different cultural contexts, Canada's interventions in this field are welcomed internationally. CIDA's gender-equity policy and tools and guidelines for incorporating gender into programs and policies are illustrative of this leadership.
- **Canadian research advantage:** Canadians have international credibility and extensive expertise in the biomedical field, including IEC and health promotion, health social sciences, STD control, epidemiology, clinical trials and health-system development, developing country linkages, and established regional networks in R&D. Promising areas include expansion of STD control through the syndromic management approach, and research on female-controlled methods of HIV prevention, microbicides, and vaccines. Canadians are already involved in vaccine-trial site preparations in Kenya, with funding from the United Kingdom.
- **Capacity-building through Canadian/developing-country partnerships:** As a result of working in developing countries for many years in the areas of health and development, Canadians have considerable experience in training and capacity-building across a wide range of issues and geographical areas. CIDA's HIV/AIDS programming in Africa illustrates this point, in areas including STD management, stigma reduction, and the involvement of NGOs in programs and policies. The RATN regional approach is also an example of capacity-building through building and expanding South-South training programs.

**“Ways should be found to assist Canadian AIDS service organizations to develop the capacity to be of assistance—real, useful assistance—to the people in other countries who could benefit from such cooperation. We have much to offer—and much to receive—from cooperation and partnership.”**

**– Sharon Baxter  
Executive Director  
Canadian AIDS Society**

## 7. CHALLENGES FOR FUTURE CIDA PROGRAMMING

The urgency and exceptional nature of the HIV/AIDS epidemic—and the fact that progress continues to be slow—clearly justifies the need for increased and innovative programming to address this challenge in a more timely and effective manner. In this section, specific proposals for new approaches are made, based on the preceding information on the state of the epidemic, what evidence exists concerning effective interventions (both from CIDA projects and more broadly), and areas of Canadian expertise. This section therefore proposes a portfolio of interventions, which includes some R&D proposals which will help us build the knowledge base on which to select and promote interventions that will yield a high impact for the funds expended. Mechanisms for tackling these interventions remain to be explored, as do specific partnerships, timelines, and budgetary implications. The broad capacity-building issue is not addressed separately, since it is an integral part of most of CIDA's existing and pipeline projects, and it is an element in proposed new activities involving Canadian partners. The strengthening of sustainable national health systems, the first objective of CIDA's *Strategy for Health*, is required as an essential foundation to support the specific HIV/AIDS activities outlined here, and efforts to improve CIDA's work in this area will continue in partnership with WHO, the Pan-American Health Organization (PAHO), and other health-sector programs and projects. CIDA commitment to HIV/AIDS programming is required over the long term in order to properly address this issue.

The following steps will be undertaken:

### 1. Building on our successes

In Section 3, successes of existing CIDA programming were identified. These experiences should be widely shared within CIDA and, when appropriate, among project partners. Opportunities for project partners to meet and compare progress and lessons learned should be built into project activities and budgets so that such meetings are assured.

The areas of strength identified in Section 3 could be further expanded, both geographically and substantively, because they are areas where CIDA and its partners have demonstrated leadership and particular expertise. Further analysis and documentation of what works and why could be helpful for program planning, cost-effective programming, and HIV/AIDS-related training and capacity development.

### 2. Issues requiring greater emphasis

Described below are suggestions for low-risk interventions which could be put into place relatively easily, but which would require additional funding beyond the scope of current programming. In many cases, they will also require new partnerships with Canadian NGOs, academic institutions, and the private sector.

- (I) **More corporate attention to HIV/AIDS:** As argued above, increased consideration of the potential impact of HIV/AIDS on planned interventions, and vice versa, could lead to more comprehensive programming and a more concerted effort to redress the pandemic. This approach has been adopted by CIDA's Africa and Middle East Branch and others, and can be accomplished by introducing:
- guidelines to help staff consider HIV/AIDS as a crosscutting issue
  - intersectoral partnerships to maximize impact

**“A major step forward is that CIDA now has an HIV/AIDS Action Plan, and that a consultation with NGOs has been undertaken to strengthen it. The Plan should not be considered a static document, but one that can adapt over time.”**

**– Ralf Jürgens, Executive Director  
Canadian HIV/AIDS Legal Network**



**“Once we...recognize the enormous burden of evidence which tells us that societal factors are the dominant determinants of health status [beyond HIV], we realize that, ultimately, to work for public health is to work for societal transformation. Linking human rights with health offers us a coherent vision of how to add the critical societal dimension to our public health work, which all too often has stopped at the threshold of real societal issues.”**

**– Jonathan Mann  
Former Director, WHO Global Programme on AIDS**

- intersectoral tools on education and HIV/AIDS, and human rights and HIV/AIDS
- information packages for CIDA field staff and Canadian diplomatic staff on HIV/AIDS in their countries of assignment, so they can use any opportunities available to them to increase political commitment, when appropriate

In Asia, Central and Eastern Europe, and the Caribbean, consideration of HIV/AIDS as a crosscutting issue with other development priorities should be encouraged, as long as it is also seen by the countries themselves as an important concern. A strong argument for attention to HIV/AIDS in areas of low prevalence as well as high has been made by the World Bank, since HIV spreads rapidly once it takes hold in the general population. Interventions based on prevention of HIV transmission, in addition to preserving human welfare and survival, are extremely cost-effective.

**(II) Greater involvement of Canadian NGOs through:**

- small-grants competition to encourage linkages between Canadian NGOs and developing-country partners
- network-building and exploration of collaborative opportunities
- specific skill-building activities to share Canadian experiences and benefits to help developing-country NGOs have a greater voice in policy development in their respective countries
- expanding to new kinds of partnerships such as unions and professional and academic associations

**(III) Integrating gender equality by:**

- assuring that gender issues (including the perspectives of women, men, girls, and boys) are built into project design,

implementation, monitoring, and evaluation

- considering the impact of all HIV/AIDS programming on gender relations
- respecting human rights, and especially sexual and reproductive rights, in HIV/AIDS programming
- exploring the gender dimensions of male circumcision, including opportunities for its promotion and links to traditional practices

**(IV) Monitoring and evaluation by:**

- meeting with developing countries, other donors, and UNAIDS to consider strategies to introduce knowledge-based and critical approaches into HIV/AIDS interventions
- evaluating the work and impact of UNAIDS, as well as the mechanism of a coordinated UN approach

**(V) Linking HIV/AIDS to education by:**

- investigating the evidence of successful practices
- incorporating HIV/AIDS into education policies and programs
- paying special attention to basic education for girls
- monitoring the impact of HIV/AIDS and education interventions

**(VI) Improving reproductive health programming by:**

- incorporating STD and HIV/AIDS prevention, counselling, and testing into all reproductive health programs supported by CIDA
- focusing on best practices in adolescent reproductive health
- paying greater attention to male responsibility in promoting safe sex
- paying greater attention to reproductive health and HIV/AIDS prevention in emergency situations

- increasing the promotion of affordable condoms and other contraceptives at the country level through partnerships with UNFPA
  - providing counselling on MTCT and family planning to HIV-positive couples
- (VII) **Improving IEC approaches** by:
- reviewing evidence of successful interventions
  - launching pilot projects to test successful interventions in other areas
  - promoting best practices as quickly as possible
  - promoting IEC among youth through understanding their needs and perspectives
- (VIII) **Greater attention to prevention in youth** by:
- incorporating a focus on youth into new projects, when possible
  - linking HIV/AIDS prevention to education projects and programs
  - building on peer counselling and the “School Without Walls” program
  - collaborating with the media and the private sector
  - encouraging the meaningful participation of youth in the design, implementation, monitoring, and evaluation of programs
- (IX) **Greater attention to children affected by AIDS and orphans** by:
- conducting applied research on different models of care
  - identifying and promoting best practices, including child-to-child and participatory research approaches
  - promoting efforts to reduce stigma and misperceptions about orphans
  - concentrating attention to the schooling and health of children orphaned by AIDS
  - strengthening support networks within the children’s communities, including psychosocial support and life-skills development
- (X) **Greater focus on human rights** by:
- promoting the role and capacity of civil society and organizations that protect and promote human rights
  - protecting the rights of orphans and children at risk of sexual abuse, infection, and discrimination as a result of HIV/AIDS
  - promoting information, services, and access to hygienic methods of male circumcision
  - assuring that HIV/AIDS issues, including testing and counselling, are treated in a sensitive, confidential manner
- (XI) **Greater attention to care and support** by:
- training and strengthening AIDS service organizations (ASOs) to provide care and support, especially to front-line workers and vulnerable groups, e.g., through partnerships with Canadian ASOs
  - promoting new approaches to supporting children affected by AIDS, including attention to legal and inheritance issues
  - moving from projects to wider program approaches
  - strengthening the capacity of health systems in care and support, including improving access to life-prolonging drugs

### 3. New areas

Described below are suggestions for higher risk, potentially high-yield interventions because they involve R&D investments which, in the long term, have the most promise for combatting HIV/AIDS.

- (I) **Fast-tracking research on female-controlled methods** by:
- reviewing promising research in Canada and elsewhere
  - partnering with others to fast-track research

**“The development of CIDA’s HIV/AIDS Action Plan reaffirms and intensifies Canada’s desire to be a world player in the fight against AIDS. Hopefully, this commitment will lead to the development of microbicides and other measures to protect against HIV.”**

**– Mark Wainberg  
President, International AIDS Society**

- beginning early capacity-building in clinical trials through Canadian/developing-country partnerships
  - when part of national plans, helping countries strengthen their clinical-trial capacity and prepare sites for introduction
- (II) **Promoting vaccine R&D** by:
- ensuring “a place at the table” through limited support to international efforts
  - beginning early capacity-building in clinical trials through Canadian/developing-country partnerships
  - when part of national plans, helping countries strengthen their clinical-trial capacity and prepare sites for introduction
  - motivating industry to develop HIV/AIDS vaccines by supporting initiatives such as the Global Alliance for Vaccines and Immunization (GAVI) that foster the development of future markets and purchasing mechanisms
  - encouraging local vaccine R&D in developing countries, where feasible
- (III) **Exploring cost-effective therapies for developing countries** by:
- investigating incentives for pharmaceutical companies
  - increasing support for international efforts led by WHO and UNAIDS
  - beginning early capacity-building in clinical trials through Canadian/developing-country partnerships
  - exploring how to link treatment of mothers for opportunistic and HIV infection to MTCT programs, including pre- and post-delivery
  - assuring monitoring of antiretroviral drug resistance in developing countries

Given the exceptional nature of HIV/AIDS in terms of its devastating impact on development, especially in Africa, bold new initiatives should be supported as a way to protect our development investments to date. Canadian researchers have much to offer in these areas, and should be encouraged to export their skills to assist developing countries in addressing the challenges of HIV and AIDS. Special attention should be devoted to ethical issues to identify and protect the interests, rights, and well-being of those people who are participating in the research, as well as of the eventual beneficiaries. As with many of the activities described in Section 7.2 of this document, these investments would require additional funding beyond the scope of current programming.

## **8. CONCLUSIONS**

In this final section, the goals stated at the beginning of this paper are reiterated in light of the review of ongoing and proposed activities outlined in this document, beginning with the goals to be achieved in collaboration with our partners.

The issues and possible activities identified in this Action Plan are many, and will need to be reviewed in terms of priority, feasibility, and activities of other donors. The value of concentrating efforts, both geographically and substantively, in light of Canadian expertise will have to be balanced with the many challenges, opportunities, and the ever-changing nature of the HIV/AIDS pandemic.

### **Canada’s goals:**

- **Goal 1**, ensuring that by 2005, at least 90%, and by 2010, at least 95% of young men and women aged 15-24 have access to the

information, education, and services they need to develop the life skills required to reduce their vulnerability to HIV infection: A greater concentration on IEC, counselling, and youth will be key to meeting this goal.

- **Goal 2, ensuring that by 2005, prevalence in the age group 15-24 is reduced by 25% in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25%:** This will be addressed, in conjunction with other partners, by combining strategies proposed in this document. These strategies will include the mechanisms outlined for Goal 1, as well as the provision of comprehensive reproductive health services, including treatment of STDs, counselling and testing, development and rapid dissemination of female-controlled methods of prevention, promotion of condoms, and community mobilization.
- **Goal 3, working with other partners in a country-focused approach under the International Partnership against AIDS in Africa, coordinated by UNAIDS, to significantly reduce the number of new HIV cases in at least one country, reducing national levels of HIV prevalence:** CIDA will focus on gaining support at the highest levels in the beneficiary and other donor countries for concrete actions to reduce levels of HIV transmission, contributing also to Goals 1 and 2. In addition, enhanced efforts will be made to increase political commitment through the strategies suggested in this document.

#### **CIDA-specific goals:**

- **Goal 4, increasing collaboration between CIDA branches and between sectors,** will be met by holding more frequent meetings with those working in the area of HIV/AIDS, sharing information electronically, and increasing the development and use of practical programming tools such as those outlined in this document.

- **Goal 5, increasing the outreach of CIDA programming to Canadian NGOs and academic institutions,** will be met through broad consultations and participation in the International HIV/AIDS Working Group organized by Health Canada. New opportunities for Canadian NGOs, including skills-building for developing country partners, will also be created by opening up new areas of concentration. Similarly, new opportunities for Canadian academic institutions and the private sector will be created through greater attention to R&D in the areas mentioned in this document.
- **Goal 6, encouraging the development of innovative, cost-effective, knowledge-based approaches for rapid dissemination in the field,** will be addressed by paying greater attention to lessons learned in CIDA programming and by encouraging continual links with other donors and international agencies, including UNAIDS and WHO, to keep abreast of best practices and to build on what works.
- **Goal 7, increasing the quantity, quality, and cost-effectiveness of programming in HIV/AIDS,** should result from the combined strategies proposed in this document. In the short term, this can be achieved by meeting the above-mentioned goals. To fully address HIV/AIDS with a longer term view, the high-risk, potentially high-yield interventions, including the development of female-controlled methods, microbicides, and vaccines, must be used.

## ANNEX 1: CIDA's programming in HIV/AIDS - Highlights of current programming

- **Support for the Fight Against AIDS in West Africa:**

This project aims to minimize the transmission of HIV in six countries of Francophone Africa and Ghana by controlling STDs and educating the community. The program has also focused on the destigmatization of high-risk groups, and has succeeded in promoting understanding that HIV/AIDS is "everyone's business." The project combines management of STDs with community education for specific groups as well as drug vendors. Health education, condom use, and treatment-seeking for STDs are encouraged among community groups, and drug vendors are educated about proper drug-dispensing practices for STDs. The issue of a sustainable STD drug supply at health facilities is also being addressed. UNAIDS considers this project an example of international best practices. This project is scheduled to end in 2001, and planning is underway for a subsequent phase.

- **Strengthening STD/AIDS Control in Kenya (Phase II):**

The purpose of this project is to establish effective STD/HIV control and treatment services at primary health clinics, to institutionalize training in the management of STDs and HIV at the Kenya medical training college (which trains all non-physician health personnel to encourage changes in sexual behaviour and to increase risk awareness among high-risk groups), and to promote economic alternatives for female sex workers. There is a complementary research component of this project financed by the Medical Research Council, which has achieved global recognition in its discovery of a cohort of sex workers who have never contracted HIV, despite prolonged exposure, and the opportunities this cohort offers for research on immune responses.

To date, in the two project districts, a sustained decline in gonorrhoea and antenatal syphilis has been noted and HIV prevalence appears to have stabilized, and an estimated 2,500 new HIV infections are prevented

annually. Among pregnant women under the age of 20, HIV prevalence has dropped from 18% in 1993 to 12% in 1997, a level that has remained stable. Because the component on economic alternatives for commercial sex workers had a late start in the project, it is not yet possible to comment on any significant progress. The current phase will end in the summer of 2001, and plans are underway for a subsequent phase which is expected to focus on replicating this approach in more districts in Kenya. This project has also received recognition from UNAIDS.

- **Regional AIDS Training Network (RATN):**

This project is working to create a network of training institutions in East and Southern Africa through which to promote skills upgrading, training, and extension services to project managers, trainers, and policy makers in the region on HIV/AIDS sensitization, prevention, and treatment strategies. A recent evaluation of RATN indicated that it is well on its way to establishing a viable network of 13 partner institutions that provide training in all aspects of HIV/AIDS response, including the treatment and control of STDs. An important aspect of this project is that it promotes and allows sharing of expertise among participating institutions through expert committees. The project also allows non-nationals to attend courses offered by the participating institutions, thus providing a wider array of training opportunities in the region. This project is also favourably viewed by UNAIDS, and CIDA has been asked by UNAIDS, under the rubric of the recently established International Partnership Against AIDS in Africa, to consider expanding the model to West Africa.

- **The Southern Africa AIDS Training Programme (SAT):**

The aim of this project is to reduce the impact of STDs and HIV on communities in the region through training for improved projects in community-based education and care. It concentrates on:

- (1) prevention of STDs and HIV through community outreach, youth outreach, private- and public-sector workplace prevention programs, reproductive health education for women, and targeted condom distribution;
- (2) mitigation of the impact of AIDS on the most vulnerable, reduction of stigma, provision of care at community and household levels, orphan identification and assistance, drop-in centres and support groups; and
- (3) advocacy for social change.

It also disseminates best-practice information among its partners, and it internationally supports interventions concerned with human rights and sexual abuse, especially with respect to the vulnerability of women and children to HIV/AIDS. The SAT project has contributed to HIV/AIDS awareness which is very high in the area, and young people are willing and equipped to talk about it.

- **The Vitamin A Project in Zimbabwe:** This project aims to reduce the risk of HIV transmission from mothers to newborns through breast milk via by providing a one-time high dose of vitamin A to mothers at the time of delivery and/or to their newborn infants. The results of this study will be available by the end of 2001, if not earlier.
- **The Bangladesh Health and Population Sector Support:** This project proposes to address HIV/AIDS in the context of reproductive health programming. This activity is part of a combined donor effort to consolidate resources in the area of health and population and to “put the country in the driver’s seat” in terms of priority-setting and program implementation. Attention to HIV/AIDS is a recently added dimension which seeks to prevent HIV infections and arrest their spread at an early stage of the epidemic in Bangladesh.
- **UNICEF AIDS Program in Romania:** This project is helping the Government of Romania develop a National AIDS Strategy, a monitoring and surveillance system, and HIV/AIDS awareness-raising at the national level. Social services to families that have children with AIDS are also included, as is support for children orphaned by AIDS.
- **The CIDA CAREC HIV/AIDS Project (CHAP):** The goal of this project is to reduce the spread of HIV/AIDS and to minimize its impact on individuals and communities in 12 CARICOM countries. Its purpose is to strengthen human-resources capacity at regional and country levels, to provide services for HIV/AIDS prevention and control, to strengthen HIV/AIDS surveillance systems, and to provide community-based care and support to affected persons. Project activities are implemented by the Caribbean Epidemiology Centre (CAREC).
- **Youth for Health Canada-Ukraine Project:** This project aims at preventing HIV and other health problems by encouraging youth to adopt and promote healthy living. It is contributing to the development of a sustainable national health strategy in Ukraine by assisting in the development and implementation of health promotion policies that support youth.
- **Russian AIDS Training and Community Development Project:** This project is building the capacity of the National AIDS Program to attain international standards of professional best practices and promote community-based initiatives. Anticipated results are: an improved national HIV/AIDS training curriculum for medical/non-medical personnel and community representatives; an AIDS network including several key regions of Russia; strengthened community-based HIV/AIDS initiatives; and an electronic system of information exchange and collaboration. Areas addressed include clinical management

of AIDS cases; testing and surveillance; counselling and psychosocial care; prevention and education; and community support.

- **Canadian Partnership Branch:** This CIDA branch works with Canadian NGOs, institutions, and businesses in a wide range of activities, from primary health services for sex workers to education campaigns and support for AIDS-oriented NGOs. It disbursed \$900,000 in HIV/AIDS-related activities in 1998-99.
- **UNAIDS:** Canada was instrumental in the creation of UNAIDS, which was launched in 1996, and CIDA has contributed an average of \$3.4 million annually to its core budget. UNAIDS is an innovative joint venture of the UN family that brings together the efforts and resources of seven UN organizations. The guiding priorities of UNAIDS are to prevent the transmission of HIV/AIDS, to reduce the vulnerability of individuals and communities, and to alleviate the impact of the epidemic. Its leadership role in the 1999 creation of the International Partnership Against AIDS in Africa (IPAA) has been welcomed and endorsed by numerous donor countries and international organizations working in the field of HIV/AIDS.
- **HIV/AIDS Behaviour Change Project, Malawi:** The goal of this five-year, \$13-million project is to assist Malawi in creating a healthy, educated, and productive human resource base. The project aims to motivate sustainable behavioural changes to combat the HIV/AIDS epidemic in Malawi. This will be accomplished by researching, developing, and implementing effective, culturally appropriate, and gender-sensitive IEC programs targeted to specific change agents (e.g., traditional healers, traditional authorities, village elders, medical practitioners, educators, religious leaders, youth) and later by adapting it for the larger population (i.e., men, women, youth, children).
- **Operational Research on Prevention of Mother-to-Child Transmission of HIV,** with UNICEF and other partners in selected African countries, will focus on the administration of Nevirapine, a cost-effective intervention which has been shown to reduce transmission of HIV from mothers to offspring. The project will also address issues of counselling, testing, and the prevention of opportunistic infections among women. Observational cohort studies of drug resistance will be integral to the project.
- **HIV/AIDS Small Grants Competition,** administered by the Canadian Society for International Health (CSIH), encourages new or emerging partnerships between Canadian organizations and those in developing countries or countries in transition to address HIV/AIDS priority issues. Twelve small grants were announced on June 1, 2000.
- **The AIDS Control and Prevention in India** project will contribute to prevention of HIV infections in two states—Rajasthan and Karnataka—by developing institutional capacity of the National AIDS Control Organization and its Technical Resource Groups, as well as the recently formed state-level AIDS societies and their NGO partners. The concept paper has been approved.
- **The SAARC/HIV/AIDS/TB Project** is intended to increase regional coordination on policies and plans of action in HIV/AIDS and TB programming, to enhance understanding of the co-factors of HIV and TB transmission and effective strategies for their prevention and control, and to enhance the quality of regional and national laboratories and programs to monitor and control HIV/AIDS and TB. The project will be carried out in collaboration with Health Canada. The project approval document has recently been approved.

- **International AIDS Vaccine Initiative (IAVI):** A grant of \$5 million over two years will be contributed to IAVI. IAVI's mission is to ensure the development of safe, effective, accessible, preventative HIV vaccines for use throughout the world and, in particular, affordable and applicable vaccines for developing countries.
- **Invisible Condom:** CIDA and Health Canada are contributing \$350,000 to fund clinical trials of a microbicide gel designed to reduce or prevent the transmission of HIV and other sexually transmitted diseases. This new prevention method, also known as an invisible condom, would give women the autonomy to protect themselves against infection.
- **The Fight Against AIDS in West Africa (Phase III),** which is currently being planned, will begin in 2001.
- **Greater Attention to HIV/AIDS Prevention in IPPF Tanzania Project** is focusing on youth and young adults.
- **The CIDA CAREC HIV/AIDS Project (CHAP) Phase II,** for which an extension is currently under consideration, will begin in 2001.
- **Control of HIV/AIDS/STIs in Haiti,** through CIDA's Counterpart Fund (1999-2004), will support local projects aimed at reducing the spread of HIV/AIDS/STIs.

## **ANNEX 2: CIDA's programming in HIV/AIDS - Project pipeline**

- **The Highway Strategic AIDS Reduction (STAR) Project in Cambodia** aims to reduce the incidence of HIV and increase acceptance of and care for those already infected along Highway No. 4 in Kandal and Kompon Speu provinces. It aims to reduce high-risk behaviour among soldiers, factory workers, and youth, improve management of STDs, and increase the capacity of project staff, the Ministry of Health, and its counterparts to develop and manage HIV/AIDS responses.
- **Renewal of SAT:** This renewal will occur, and it is expected that the emphasis on capacity-building will remain. Wider linkages with the private sector and other NGOs are foreseen, as well as more collaboration with other donors and an expansion and intensification of the "School Without Walls" program.
- **Kenya HIV/STD Control Project (Phase III),** which is currently being planned, will begin in 2001.
- **UNICEF AIDS Program in Romania, Phase II,** which is planned for 2000, may expand into Moldova and other neighbouring countries. It will continue to focus on child protection, children infected by AIDS and nosocomial infections. It will consider involving Health Canada, the Department of National Defence, and Corrections Canada.
- **With UNAIDS, Focus on International Partnership against AIDS in Africa,** is a UNAIDS-sponsored partnership that aims to encourage donors to take a coordinated approach to HIV/AIDS programming at the country level, and to work under the leadership of national governments. The partnership will also promote the use of regional resources for capacity-building. CIDA, as a member of this partnership, will be expected to ensure that its specific HIV/AIDS interventions respect the country strategies, and that it recognizes and responds to opportunities in various sectors to contribute to the implementation of these strategies.



## **GLOSSARY**

<b>AMEB -</b>	Africa and Middle East Branch
<b>CAREC -</b>	Caribbean Epidemiology Centre
<b>CEE -</b>	Central and Eastern Europe
<b>GAVI -</b>	Global Alliance for Vaccines and Immunization
<b>IAVI -</b>	International AIDS Vaccine Initiative
<b>ICPD+5 -</b>	International Conference on Population and Development, United Nations General Assembly Special Session five-year review, New York, 1999
<b>IEC -</b>	Information, Education, Communication
<b>IPAA -</b>	International Partnership Against AIDS in Africa
<b>IPPF -</b>	International Planned Parenthood Federation
<b>MTCT -</b>	Mother-to-Child Transmission of HIV
<b>NGO -</b>	Non-Governmental Organization
<b>PAHO -</b>	Pan-American Health Organization
<b>PLWA -</b>	People Living with AIDS
<b>RATN -</b>	Regional AIDS Training Network
<b>SAT -</b>	Southern Africa AIDS Training Programme
<b>SIP -</b>	Sector Investment Program
<b>STDs/STIs -</b>	Sexually Transmitted Diseases/Infections
<b>SWAP -</b>	Sector-Wide Approach
<b>UNAIDS -</b>	Joint United Nations Programme on HIV/AIDS
<b>UNFPA -</b>	United Nations Population Fund
<b>UNICEF -</b>	United Nations Children's Fund
<b>WHO -</b>	World Health Organization

**The Canadian International  
Development Agency (CIDA)**

200 Promenade du Portage

Hull, Quebec

Canada K1A 0G4

Telephone:

(819) 997-5006 1-800-230-6349

**For the hearing and speech impaired:**

(819) 953-5023 1-800-331-5018

Fax: (819) 953-6088

Web site: [www.acdi-cida.gc.ca](http://www.acdi-cida.gc.ca)

E-mail: [info@acdi-cida.gc.ca](mailto:info@acdi-cida.gc.ca)

Photos:

UNICEF/HQ97-0073/Jeremy Horner

CIDA: Roger LeMoynes

CIDA: Bruce Paton

ACDI-CIDA