

HIV and AIDS

Context

It is estimated that 95% of people living with HIV live in developing countries – an estimated 38 million. Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. The extent of the AIDS crisis is becoming clear in many African countries, as increasing numbers of people with HIV are becoming ill. In the absence of massively expanded prevention, treatment and care efforts, it is expected that the AIDS death toll in sub-Saharan Africa will continue to rise. This means that impact of the AIDS epidemic on these societies will be felt most strongly in the course of the next ten years and beyond. Its social and economic consequences are already widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general.

What We Offer

LATH and LSTM have extensive experience in implementing HIV/AIDS interventions. LSTM is currently managing the five year research programme Addressing the Balance of Burden in HIV/AIDS. The goal is to improve the effectiveness of efforts to reduce poverty and to achieve the Millennium Development Goals by lessening people's vulnerability to HIV. LSTM have also managed the DFID HIV/AIDS & STI Knowledge Programme and the Effective Health Care Alliance Programme, both of which conduct thematic studies on HIV/AIDS. This work also draws on the School's strengths in gender, equity and quality of care to ensure that the findings can be used to best effect in pro-poor strategies for resource poor countries. In 2003, LATH completed a seven-year DFID HIV Management Programme in Nigeria, supporting eight diverse stakeholder organisations to cope with the HIV/AIDS epidemic by improving their service quality. LATH has developed capacity across the spectrum of services in HIV/AIDS prevention and care including education and awareness, improving TB control, baseline studies on prevalence and treatment seeking behaviours.

Specific expertise available at LATH/LSTM include:

- HIV/AIDS treatment and care
- Evidence based policy development
- Economics of HIV/AIDS and cost effectiveness analysis
- Education and awareness, including stigma reduction
- Quality assurance strategies for scale up of HIV programmes
- HIV mainstreaming
- Multisectoral collaboration for HIV
- Pro poor strategies for HIV prevention and care
- Gender mainstreaming and equity of access
- Voluntary counselling and testing
- Improving TB control
- Strengthening community responses to HIV/AIDS
- Peer education within workforces, including training development
- Human resource responses to HIV/AIDS
- Laboratory systems strengthening

Selected Examples of Experience:

Country	Client	Dates	Programme/Project
Mauritius	World Bank	2008	<p>Capacity Building of Stakeholders for HIV Behaviour Change Communication</p> <p>Despite overall good indicators in health, the Mauritius HIV epidemic has been rising steadily, particularly among drug users. A National Multisectoral HIV&AIDS Communication Strategy for 2007-2011 was developed in March 2007, since which time the National AIDS Secretariat has functioned more effectively. It was recognised that a new operational plan was required as well as capacity building skills and capacities of services involved in communication strategies.</p> <p>Therefore, an assessment of local capacity in Behaviour Change Communication has been recommended, highlighting key gaps and areas to be strengthened. An action plan and training materials has to be developed accordingly.</p> <p>The specific aims of the consultancy were to:</p> <ol style="list-style-type: none"> 1) Conduct an assessment of existing skills and local capacity for Behaviour Analysis and BCC, including support that can be provided by the Indian Ocean Commission and stakeholders in member states. 2) Identify priority areas to be strengthened and develop an action plan for training of stakeholders, field workers and peer educators within a one day workshop with all major partners. 3) Design training material that will be used in subsequent trainings (that will be conducted in next technical assistance mission). 4) Train and coach a local counterpart to conduct assessments and review periodically the BCC capacity situation and to develop action plan and associated training material.
Ghana, Nigeria, Kenya, Ethiopia, Malawi, South Africa, Swaziland & Uganda	DFID	2006-11	<p>Addressing the Balance of Burden in HIV/AIDS (LSTM)</p> <p>This research programme managed by LSTM is helping DFID to drive forward its strategy for assisting countries to tackle HIV and AIDS. The goal is to improve the effectiveness of efforts to reduce poverty and to achieve the Millennium Development Goals by lessening people's vulnerability to HIV. LSTM assists governments in Africa to use research evidence relating to factors that influence the impact of HIV and AIDS on poor and vulnerable groups in order to provide greater benefits from programmes to tackle HIV in health, education and other sectors. One important body of such evidence concerns the social, economic and institutional factors that place the livelihoods of vulnerable and neglected groups at increased risk from HIV and AIDS, and identify which institutions and programmes are best placed to alleviate those threats. The RPC agenda is to improve use of this evidence by policy makers, local programme implementers, representatives of vulnerable groups and researchers so that better policies and programmes can be implemented for improving benefit to the poor and the vulnerable.</p>
East Africa	AMREF	2007-08	<p>Accreditation of the laboratory management and methods in support of anti-retroviral rollout course</p> <p>AMREF have developed and delivered a new East African regional training programme for laboratory technicians to support antiretroviral treatment. We provide an external monitoring and evaluation service for the course. This type of external validation, which could be applied to a range of courses, ensures international quality programmes and strengthens educational capacity</p>

Kenya	DFID	2003-07	<p>HIV/AIDS Prevention and Care (HAPAC) Phase 3</p> <p>This programme supports the government of Kenya to implement its National HIV/AIDS Strategic Plan. The goal is to decrease HIV/AIDS transmission in Kenya with the purpose of supporting the effective implementation of the National HIV/AIDS strategy. The main outputs focus on:</p> <ol style="list-style-type: none"> 1. Improved co-ordination and management of the national response 2. Improved access to effective prevention, care and support for vulnerable populations 3. HAPAC3 delivers efficient and effective support to programme partners <p>Support to the Government of Kenya's National AIDS Control Council (NACC) and the Ministry of Health's National AIDS and STI Control Programme (NASCO) has come primarily in the form of technical assistance and financial support. Civil society partners, INGOs, NGOs and CBOs received financial support and individually-tailored technical assistance for interventions and initiatives in line with HAPAC objectives and which contributed to achieving the outputs of the Kenya National AIDS Strategic Plan (KNASP). LATH has provided Technical Assistance in the areas of health systems and quality assurance. LATH has provided technical assistance in the development of a national QA strategy for VCT, and developing and scaling up a QA programme for VCT services in Kenya. Capacity building activities have specifically included training of trainers to provide VCT services, the development of training manuals, and training for laboratory technologists.</p>
Global	DFID	2001-06	<p>HIV/AIDS Knowledge Programme (LSTM)</p> <p>DFID funded Knowledge Programme looking at social and economic factors which operate to influence the impact of HIV/AIDS on individuals, families, sub-groups and communities within particular local and national contexts</p>
Nigeria	Youth PROFILE	2003 & 2005	<p>Quality Assurance for the Linked Network of Adolescent Reproductive Health Services and Programmes</p> <p>Support to Youth PRO-FILE in Port Harcourt, in identifying the key quality issues when providing reproductive health services to adolescent. Done in the context of the development of a network of adolescent RH services across Port Harcourt and in order to develop effective guidelines and monitoring tools for RH services. Subsequent support was provided to ensure quality of health services in HIV/AIDS testing and treatment for youths by training health care providers on Quality Assurance in HIV testing and management</p>
Global	WHO	2004-05	<p>Analysis of the Gender Dimension of Providing Free Antiretroviral Therapy</p> <p>Development of a background paper for UNAIDS analysing the gender dimension in access to antiretroviral therapy. This included examining the extent to which free access intersects with equitable access for women within the context of scaling up. Primary research undertaken in Kenya, Uganda, Malawi and India</p>
Nigeria	DFID	2003-04	<p>Strengthening Nigeria's Response to HIV/AIDS</p> <p>The purpose of this programme was to provide interim support to strengthen Nigeria's response to the HIV/AIDS pandemic prior to a more substantial programme of support coming on stream. Activities responded directly to specific requests from the three focus states, with two key outputs:</p> <ol style="list-style-type: none"> 1. to establish a centre for the people of Ekiti State to access HIV/AIDS information and Voluntary Counselling and Confidential Testing services; 2. to strengthen the capacity of people living with HIV/AIDS to form effective and functional support groups in Benue, Enugu and Ekiti States that promoted an enabling environment with regard to human rights and advocacy and help mitigated the spread and impact of the epidemic in these states.
Nigeria	DFID	2003-04	<p>Dissemination of Lessons Learnt from HIV/AIDS</p>

			<p>Programme in Nigeria Publication of a series of 'Lessons Learned' papers drawing on LATH's experience managing DFID's HIV/STD Management Project, including Policy Briefs on: Multisectoral Approach; VCT and HBC manuals plus dissemination of these materials.</p>
Nigeria	DFID	1997-2003	<p>STD/HIV Management Project (Phases 1 & 2) Improving the quality of STD/HIV services provided by eight national secondary stakeholders in two states of Nigeria across the spectrum of prevention and care. Key outputs were:</p> <ol style="list-style-type: none"> 1. HIV/STD prevention, care and support interventions provided which were responsive to the expressed needs of primary stakeholders. 2. Improved quality of TB service delivery and care in four LGAs in Benue State (Gwer, Otukpo, Logo and Ohimini) 3. Engagement in the development of relevant federal, state and local government policies and activities. 4. Integration of operational research and PM&E into project activities & effective dissemination and implementation of findings 5. Facilitation of greater multi-sectoral collaboration to mitigate the impact of HIV/AIDS.