Barcelona AIDS 2002 Satellite Workshop
And support for the Development of the International Institute on Gender Management and HIV/AIDS

Presented to:

Centres of Excellence for Women's Health Contribution Program, Women's Health Bureau, Health Canada;

Canadian Strategy on HIV/AIDS, Health Canada;

and

Canadian International Development Agency

By:

Atlantic Centre of Excellence for Women's Health

April 15, 2002

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Synthesis

In early 2000, the Commonwealth Secretariat (Com Sec) invited Maritime Centre of Excellence for Women's Health (MCEWH)* to participate in a co-publication on Gender, Health and HIV/AIDS as part of its Gender M[1]anagement Series (GMS). The Women's Health Bureau, Health Canada, generously provided initial funding for this initiative. The co-publication, *Gender Mainstreaming in HIV/AIDS: A Reference Manual for Government and Other Stakeholders,* will be available in April 2002.

MCEWH and its Com Sec partners, particularly policy makers in African and Caribbean Commonwealth countries, identified the need to develop a knowledge transfer mechanism for the GMS series. This would include, among other mechanisms, a set of practical training materials on gender mainstreaming and management for regional, national and international HIV/AIDS policy and program development.

MCEWH, with Com Sec as a collaborating partner, received funding from International Development Research Centre's (IDRC) Global Health Equity Program and three institutes within Canadian Institutes for Health Research (CIHR) to host a Feasibility/Design Workshop for a proposed International Institute on Gender and HIV/AIDS. The workshop was held January 16-18, 2002 in Halifax, Nova Scotia, Canada.

Among the 29 participants, MCEWH and Com Sec invited representation from 10 countries (including 5 African and 1 Caribbean), making the event truly international. The encouraging response received from participants who attended the Feasibility/Design Workshop in January 2002 was clear indication of feasibility and support for further development of the International Institute on Gender Management and HIV/AIDS. Next steps include the hosting of a satellite session entitled "Gender and HIV/AIDS: Bringing Women and Men Together" at the World AIDS Conference in Barcelona on July 7, 2002; a curriculum development workshop to be held in Halifax September 2002; and a pilot Institute, scheduled to take place in the summer of 2003.

MCEWH has received contributions from the Centres of Excellence for Women's Health Contribution Program, Health Canada; the Canadian Strategy on HIV/AIDS, Health Canada; and Canadian International Development Agency (CIDA) to support the hosting of the satellite session in Barcelona and other activities related to the development of the International Institute on Gender and HIV/AIDS, including the following 3 documents:

1) A work plan and critical time line for the development and implementation of the International Institute on Gender Management and HIV/AIDS.
2) A report that reviews selected international training initiatives that will assist in the development of a model upon which the Institute will be based.
3) An annotated bibliography of international development and academic literature related to gender and HIV/AIDS.

* As of April 1, 2002 the MCEWH changed its name to the Atlantic Centre of Excellence for Women's Health (ACEWH)

1. Work Plan and Critical Time Line

The proposed work plan and critical time line provides scheduling and activity details necessary for completing the project management process for the International Institute for Gender and HIV/AIDS. The planning and implementation of the International Institute are based on the following activity schedule:

January 16-18, 2002 - International Feasibility/Design Workshop

International Feasibility/Design Workshop convened Halifax, Canada, for the purpose of assessing the feasibility and viability of the proposed institute. Participants were asked to identify potential resources and areas of commitment from various partner agencies and organizations.

February 4, 2002 - Health Canada Contribution Agreement

MCEWH requests financial support from the Centres of Excellence for Women's Health Contribution Program, Women's Health Bureau, Health Canada; Canadian Strategy on HIV/AIDS, Health Canada; and the Canadian International Development Agency, to defray Satellite Workshop registration fees for a Satellite workshop at AIDS 2002 Conference, Barcelona, July 2002. The MCEWH requests support to defray conference registration, airfare, accommodation, of 3 MCEWH staff. Financial support is requested to co-fund, with the MCEWH, an annotated bibliography of the international development and international academic literature on gender and HIV/AIDS. This work also includes a survey of international training initiatives and institutes, including gender and HIV/AIDS with a view to identifying models and curricula components which would serve as a resource for the proposed International Curriculum Design Workshop, proposed for the autumn 2002.

February 15, 2002 - Identification of Project Partners

At the invitation of Dr. John Savage, former premier of Nova Scotia, MCEWH staff are invited to meet with Burris Devanney, President of the NS Gambia Association for the purpose of exploring the NSGA HIV/AIDS peer education program as a case study. An agreement in principle is reached to include the NSGA peer education model in the curriculum of the proposed institute.

Discussions were also convened with potential project partners at the British Columbia Centre of Excellence for Women's Health, Saint Mary's University, and the Coady International Institute, St. Francis Xavier University.

March 7, 2002 – Follow-up Networking and Database Development

Correspondence drafted and sent to all workshop participants, participant employers, and selected donor agencies to provide feedback on the outcome of the International Design/Feasibility workshop. The 29 workshop participants, from 10 nations, concluded that HIV/AIDS policies and programs are frequently designed at too general a level to effectively

serve differing needs within a population, i.e. the needs of males and females. Training in gender analysis, policy research, and gender mainstreaming techniques will permit the design and implementation of more effective policies and programs at regional, national and international levels.

In preparation for the Barcelona Satellite Workshop, a core project team consisting of Jacqueline Gahagan, PhD; Reeta Bhatia, PhD; Aideen Reynolds, BSc; and Carol Amaratunga, PhD, will be convened. In addition, the following January workshop participants have been invited to participate as panellists in the Barcelona Satellite: Chris Armstrong, CIDA; Felicitas Chiganze, Southern African AIDS Training Program, Zimbabwe; Madhu Bala Nath, UNIFEM, New Delhi; Frank Abamu, CGIAR of the World Bank, Cote d'Ivoire; and Art Zoccole, Canadian Aboriginal AIDS Network. Debbie Castle, People Development Inc., Ethiopia, and facilitator for the January workshop, has also been invited to participate in the Satellite workshop.

March 7- 15, 2002 - Design and Implementation of Project Tools/Database

Design and implementation of a preliminary listserv and international network of colleagues on Gender and HIV/AIDS. Selected participants were invited to subscribe, email: listserv@is.dal.ca and in the message text: "SUB gender-hiv first name last name, and to leave the subject line blank and not to include signatures. In addition to all workshop participants and employers, the listserv invitation was sent to: Judica Amri-Makhetha, ILO; Cindy Berman, ILO; Hans Binswanger, World Bank; Naomi Brunemeyer, BC Persons with AIDS Society; John Challis, CIHR-IHDCYH; Stein Bie, ISNAR-CGIAR of the World Bank; Lynn Brown, World Bank; Krista Connell, Nova Scotia Health Research Foundation; Stuart Gillespie, CGIAR, Paula Donovan, UNIFEM; Margaret Hilson, Canadian Public Health Association; Ralf Jurgens, Canadian HIV/AIDS Legal Network; Stephen Lewis, UNAIDS; Nomcebo Manzini, UNIFEM; Eleanor Maticka-Tyndale, University of Windsor; Margaret Muganwe, Makrere University; Micheal O'Shaughnessy, BC Centre of Excellence in HIV/AIDS; Geeta Rau Gupta, International Centre for Research on Women; Allan Ronald, University of Manitoba; Walter Schlech, QE II Health Sciences Centre; Bhagirath Singh, CIHR; Athalia Molokomme, Southern Africa Development Community; Bob O'Neill, Canadian HIV Trials Network; Amrita Paul, Health Canada; Diana Rivington, CIDA; John Ruedy, QE II Health Sciences Centre, Yolanda Simon, Global Network of People Living with HIV/AIDS, Hilda Tadria, UN-ECA; Stephanie Urdang, UNIFEM; Vicki Wilde, Gender and Diversity Program, CGIAR of World Bank; Christina Zarowsky, IDRC, Marilyn Waring, Massey University; Donald Zarown, Canadian HIV Trials Network. (Complete addresses available upon request)

March 15, 2002 - Partnership Networking

Discussions with Mary Coyle, Director of the Coady International Institute, St. Francis Xavier University. The Coady International Institute recently completed a mission to Rwanda and Botswana at the invitation of Stephen Lewis, Director, UNAIDS. The Coady International Institute and MCEWH agree to collaborate on areas of mutual interest and to further explore a role for the Coady International Institute in both the Curriculum Design Workshop and International Institute pilot. A team planning meeting is scheduled for April 22, 2002.

March 30, 2002 - Workshop Report Distribution

Final workshop report distributed to donor agencies. A second, more detailed report has been prepared by consultant Debbie Castle, People Development Inc., and will be distributed to participants before April 10, 2002.

April 5, 2002 - Project Partnership Linkages

Agriteam Canada Inc., a private sector firm, Calgary, Alberta, invites MCEWH to participate as a team member in a bid for a 5 year CIDA HIV/AIDS surveillance program in Pakistan. The MCEWH component entails gender based analysis, ethics review, training and curriculum development. If successful in the CIDA program bid, a provision will be made to send 3 to 5 trainees from Pakistan per year to the International Institute on Gender and HIV/AIDS. In addition, MCEWH staff will undertake training needs assessment and feasibility missions to Pakistan. This is a 5 year $5m project.

April 9-10, 2002 - Ongoing Project Partnership Linkages

A meeting of Health Canada's Centres of Excellence for Women's Health (CEWHP) is convened, Vancouver, BC. The International Institute on Gender and HIV/AIDS is proposed by the Executive Director of the Atlantic Centre of Excellence for Women's Health (now ACEWH formerly the MCEWH) as part of the strategic planning process of the CEWHP and is listed as a cross-centre initiative. The BC Centre of Excellence for Women's Health has indicated a strong interest in participating as a collaborative partner. As HIV/AIDS is recognized as a Health Canada priority, the project is advanced as part of the ACEWH's strategic plan and operational plan for 2002-03.

April 14-17, 2002 - Canadian Strategy on HIV/AIDS

Jacqueline Gahagan will attend the direction setting meetings in Montreal on the Canadian Strategy on HIV/AIDS on behalf of the Women's Health Bureau, Health Canada. This will be an opportunity to provide input into issues related to gender and HIV/AIDS in Canada and overseas.

April 15-19, 2002 - Project "Core Team" Planning

ACEWH will convene an electronic/teleconference call among the core team members: Health Canada's International Affairs Directorate and the Gender and Youth Affairs Division of the Commonwealth Secretariat, to plan and establish the agenda for the Barcelona Satellite. It is previously agreed that Reeta Bhatia, Health Canada will facilitate the Barcelona Satellite workshop.

April 30, 2002 - Preplanning Activities/Logistics Barcelona Satellite

Barcelona Satellite Workshop draft agenda completed, invitation list prepared, brochure designed.

May 15, 2002 - Barcelona Satellite Agenda and Program

Barcelona Satellite Workshop final agenda and program approved by core project planning team.

May 30, 2002 - Barcelona Satellite Announcements

Barcelona Satellite Workshop brochure printed (15,000 copies), email invitations distributed, invitation posted on ACEWH website, and announcements posted on Gender and HIV listserv.

June 9-11, 2002 - Ongoing Partnership Linkages

Carol Amaratunga will attend the Centre of Excellence for Women's Health Program (CEWHP) Director's meeting, Toronto. A request will be made to CEWHP to formalize and include the International Institute for Gender and HIV/AIDS as a cross centre initiative.

An unsolicited funding proposal for the International Institute on Gender and HIV/AIDS will be presented to the Centres and Canadian Women's Health Network (CWHN) as a cross centre initiative. A funding request will be submitted jointly and respectively to the Women's Health Bureau and the International Affairs Directorate, Health Canada; to CIDA, IDRC and to three of the original CIHR Institutes which supported the January workshop e.g. Gender and Health, Infection and Immunity; Human Development, Children and Youth Health for support.

Ongoing Activities April 15 to July 28, 2002 - Proposal Development

Consultant Karen Hayward will be asked to provide assistance with unsolicited and RFP funding proposals for both the October 2002 Curriculum Design Workshop and the August 2003 Pilot International Institute on Gender and HIV/AIDS to the World Bank, IDRC, CIDA, foundations and the Canadian Institutes of Health Research.

These funding proposals will be prepared and circulated to the core list of international agencies on the project listserv and database along with other pertinent donor agencies. In addition, special letters of funding support will be submitted to the co funding agencies of the

International Design/Feasibility Workshop in January, 2002. A special letter and funding request will be prepared for UNAIDS for the attention of Stephen Lewis.

July 1-3, 2002 - Project Planning Meetings (London, UK)

ACEWH project team convenes briefing meetings and status updates with the Gender and Youth Affairs Division, Commonwealth Secretariat - with Nancy Spence, Director, and Rawwida Baksh-Soodeen, Senior Policy Officer.

July 6, 2002 - Barcelona Satellite

Barcelona AIDS 2002 Satellite Workshop convened, 16:00 to 18:00 hours, immediately prior to the opening ceremonies of the AIDS 2002 World Conference. Invitations extended to participants to attend the International Curriculum Design Workshop, tentatively scheduled for October 16-18, 2002.

July 6 - July 14/15, 2002 - AIDS 2002, Barcelona

Core team members attend AIDS 2002 World Conference. Promotion, advertising and recruitment for October International Curriculum Design Workshop

July 16-August 16, 2002 - Barcelona Satellite Workshop Report

Final report on Barcelona Satellite Workshop, AIDS 2002, prepared and distributed to listserv and project partners. Travel arrangements confirmed for October 2002 International Curriculum Design Workshop - pending funding approvals.

September 2002 - Planning Schedule International Curriculum Design Workshop

Final logistics and planning completed for October 16-18, 2002 International Curriculum Design Workshop

October 16-18, 2002 - International Curriculum Design Workshop

Convoking of International Curriculum Design Workshop, Dalhousie University and the IWK Health Centre

Final International Institute on Gender and HIV/AIDS promotion and social marketing materials pretested with workshop participants. Materials to be distributed electronically and by mail following the workshop.

Identification of core planning team for the International Institute on Gender and HIV/AIDS. Participants to include potential partners from the BC Centre of Excellence for Women's Health, Saint Mary's University, St. Francis Xavier University (Coady International Institute), QE II Health Sciences Centre, IWK Health Centre, Dalhousie University and other partners.

November 15, 2002 - Workshop Final Report

Final report drafted and circulated along with funding proposals and samples of draft curricula, both unsolicited and RFP's to the database of Gender and HIV/AIDS donors.

Monthly project planning team meetings.

December 31, 2002 - Administrative Tasks International Institute

Final date for registration in the International Institute for Gender and HIV/AIDS - pilot session scheduled for August 2003, Halifax, Canada. Curriculum revisions completed.
Monthly project planning team meetings.

January/February 2003

ACEWH will assist with travel arrangements, logistics, visa arrangements and clearances for up to 20 international participants to attend the pilot International Institute on Gender and HIV/AIDS. Monthly project planning team meetings.

April 10-13th, 2003 - Canadian Association for HIV Research Annual Conference

Canadian HIV Research Conference is convened in Halifax, with the support of ACEWH. Jacqueline Gahagan co chairs the event. Promotion of International Institute on Gender and HIV/AIDS, and regularly scheduled project planning team meetings.

May/June, 2003 - Final logistics for International Institute

Travel arrangements, logistics finalized for pilot International Institute on Gender and HIV/AIDS

Final arrangements on curriculum, case studies, invitations to guest lecturers and faculty.

August 11 - 29, 2003 - Pilot International Institute

Pilot International Institute on Gender and HIV/AIDS - to be convened Halifax, Canada

September 30, 2003 - Final Report, Pilot International Institute

Final report prepared and distributed to key partners, funding agencies, participants and their respective agencies.

Work Plan and Critical Time Line	
January 16 -18, 2002	**International Feasibility/Design Workshop** Convened Halifax - Purpose assessing the feasibility and viability of the proposed workshop
February 4, 2002	**Health Canada Contribution Agreement ($ from** International Affairs Directorate, Health Canada)
February 15, 2002	**Identification of Project Partners** Invitation of Dr. John Savage, ACEWH Staff invited to meet with Burris Devanney, President NS Gambia Association
March 7, 2002	**Follow-up Networking and Database Development** Correspondence drafted and sent to all workshop Participants
March 7-15, 2002	**Design and Implementation of Project Tools/Database** Design listserv and international network of colleagues on Gender and HIV/AIDS
March 15, 2002	**Partnership Networking** Discussions with Mary Coyle, Director Coady International Institute
March 30, 2002	**Workshop Report Distribution** Final workshop report to donor agencies
April 5, 2002	**Project Partnership Linkages** Agriteam Canada Inc. Invites ACEWH to participate as a team member in a bid for a 5 year CIDA Program in Pakistan
April 9-10, 2002	**Ongoing Project Partnership Linkages** Meeting of Health Canada's CEWHP is convened, Vancouver, BC
April 14-17, 2002	**Canadian Strategy on HIV/AIDS** Jacqueline will attend Direction Setting Meeting on behalf of the Women's Health Bureau, Health Canada
April 15-19, 2002	**Project "Core Team" Planning** ACEWH will convene an electronic/teleconference call among the core team members
April 30, 2002	**Preplanning Activities/Logistics Barcelona Satellite** Barcelona Satellite workshop final agenda and program approved by core project planning team
May 15, 2002	**Barcelona Satellite Agenda and Program approved by** core project planning team

May 30, 2002	**Barcelona Satellite workshop announcements** 300 copies via e-mail and posted on ACEWH Web & listserve
June 9 - 11, 2002	**Ongoing Partnership Linkages** Carol Attend CEWH Director's meeting in Toronto
April 15 to July 28, 2002	**Proposal Development** Consultant Karen Hayward will be asked to provide assistance
July 1-4, 2002	**Project Planning Meeting (London, UK)** ACEWH Project team convenes meeting and status updates with Gender and Youth Affairs division
July 6, 2002	**Barcelona Satellite** Workshop Convened; 16:00 to 18:00
July 6 - 14/15, 2002	**AIDS 2002, Barcelona** Core team members attend AIDS 2002 World Conference
July 6 - August 16, 2002	**Barcelona Satellite Workshop Report** Final report on satellite, prepared & distributed to listserve and Project partners
July 6 - August 16, 2002	**Travel arrangements confirmed for October 2002** International Curriculum Design Workshop
September 1, 2002	**Planning Schedule International Curriculum Design Workshop**
October 16 - 18, 2002	**International Curriculum Design Workshop** Convoking of workshop, Dalhousie and IWK Materials protested on workshop participants. Materials distributed electronically and by mail following workshop.
November 15, 2002	**Workshop final report** Drafted and circulated along with funding proposals
December 31, 2002	**Administrative Tasks International Institute** Final date for registration
January/February 2003	**Travel arrangements, logistics, visa arrangements for up** to 20 international participants
April 10-13, 2003	**Canadian HIV Research Conference** Convened in Halifax & co-hosted by ACEWH
May/June 2003	**Final logistics for International Institute** Travel arrangements, final arrangements on curriculum, case studies Invitations to guest lecturers and faculty
August 11 - 29, 2003	**Pilot International Institute - Halifax**
September 30, 2003	**Final Report, Pilot International Institute** Prepared and distributed to key partners, funding agencies, participants and their respective agencies

2. Preliminary Exploration of Training Models for the International Institute on Gender Management and HIV/AIDS

Introduction

The proposed International Institute for Gender Management and HIV/AIDS will develop the capacity of middle managers and professionals in various sectors of society to carry out gender analysis and facilitate gender mainstreaming in addressing HIV/AIDS related needs. That is, participants will learn how to contribute to making their departments and agencies gender sensitive by ensuring that policies, programs and services promote equal access to HIV/AIDS prevention, care treatment and support for men and women and that services are responsive to age, ethnic diversity, socio-economic class, etc. The Institute will be an annual event that people will attend from commonwealth countries around the world, with an initial focus on Africa.

The MCEWH has undertaken to identify 20 regional and or international institute, training programs and academic courses that pertain to HIV/AIDS. While an analysis of each of these programs is beyond the scope of this paper, we have selected two Canadian training program models which have been internationally recognized in terms of their administrative cohesion and excellence in delivery*. Our next step will be to compile a summary of training institutes which are specifically focussed on HIV/AIDS content. The focus of this paper however is to address the administrative framework of 2 model programs.

Development of the Institute will occur within a health promotion framework and will follow a health promotion planning model that incorporates four key tasks; assessment, plan, implementation and evaluation. “Models are the means by which structure and organization are given to the programming process” (McKenzie & Smeltzer, 2001, p.12). Through review of other international institutes and lessons learned, this paper will attempt to arrive at an understanding of the crucial components and considerations to be taken in the development of a model for the International Institute on Gender Management and HIV/AIDS.

International Institute on Gender Management and HIV/AIDS

	Activities
Assessment	Feasibility/Design Workshop January 2002 Satellite Session at AIDS 2002 July 2002 Health Canada Deliverables April 2002: * Annotated Bibliography * Institute Models * Critical Time Path
Planning	Formalized Partnerships with International Organizations Secure funding for Curriculum Design Workshop Curriculum Design Workshop September 2002 International Institute on Gender Management and HIV/AIDS Delivery Model Funding for Pilot Institute
Implementation	Pilot Institute Summer 2003
Evaluation	Process Outcome Impact

Several activities are being undertaken during the development phase. A major activity within the assessment phase included the Feasibility/Design Workshop, hosted in January 2002. The workshop served as a means to collect information from an international audience about perceived regional, national and international needs and priorities regarding gender and HIV/AIDS.

One of the major recommendations that resulted from the January 2002 workshop was to remain flexible and "think outside the box" in the conceptualization and development of the Institute. There are very few assumptions that can be made at this point due to its pre-conceptual phase of development. From a preliminary point of view, we have explored feasibility and confirmed a level of international interest and support for this initiative. While this paper will review examples of international institutes and highlight lessons learned, it will attempt to avoid the complexities of particular models. Rather, through discussion of other international institutes, this paper will identify a series of considerations that ought to be incorporated in the development of a model for planning, implementing and evaluating the International Institute on Gender Management and HIV/AIDS.

The paper will begin with an introduction to two local (Halifax based) international institutes, the Summer Institute on Gender and Development (SIGAD) and the International Ocean Institute (IOI) of Saint Mary's University and Dalhousie University respectively. Comments and lessons learned from primarily SIGAD and IOI to a lesser extent will be incorporated into this discussion. A brief outline of the Gender Institute of Regional AIDS Training Network (RATN) in Tanzania will be provided as an example of an initiative similar in direction and mission to the proposed International Institute on Gender Management and HIV/AIDS. The paper will conclude with a discussion of areas requiring further exploration.

Summer Institute on Gender and Development (SIGAD)

A Summer Institute on Gender and Development ran for four consecutive years (1988-1991) at Saint Mary's University in Halifax, Nova Scotia. The program was largely funded by International Development Research Centre (IDRC)'s Gender and Development Unit. The purpose of this one-month course was "to develop theoretical and methodological skills relevant to research on gender related issues in a Third World context" (Whittington, 1992, p.1). The course was part of Saint Mary's and Dalhousie University undergraduate and graduate programs in International Development Studies.

Upon conclusion of SIGAD's fourth year, the Commonwealth of Learning sponsored preparation of a document outlining the experiences and lessons learned from its first four years of implementation. Several valuable lessons learned by SIGAD organizers will be presented and discussed throughout this document

International Ocean Institute (IOI)
IOI of Dalhousie University has offered a 10-week institute for 21 years. Although the subject matter is quite removed from gender and HIV/AIDS, there is a significant amount to be learned from an international institute in its 22nd year of implementation. The Executive Director of MCEWH was previously involved (through her work as Director of the International Centre for Ocean Development – ICOD) in funding IOI and has facilitated sharing of information and lessons learned. MCEWH's Research Officer had the opportunity to meet with one of the coordinators of the institute in order to gather administrative facts and details that have contributed to the success of IOI's summer Institute. Such details will be highlighted in this paper and will assist in the development of a model for the International Institute on Gender Management and HIV/AIDS.

Planning Phase
The importance of seeking advice and incorporating lessons learned is paramount in the planning phase of development. During development of SIGAD, for example, the founders consulted with other Institutes, primarily the Institute for Development Studies (IDS) at Sussex University, UK and Institute of Social Studies (ISS) in the Netherlands on a number of organizational and structural considerations. They also valued continuous communication with stakeholders in order to ensure that the development remains true to its intent and direction and is responsive to international needs.

Partners
International partnerships such as those developed during the Feasibility/Design Workshop are the key to developing an institute that is responsive to the needs of our target group, Commonwealth countries with a focus on Africa. Formalized partnerships with regional and international organizations will inform development and finalization of details described in this paper. The Feasibility/Design Workshop January 2002, the Barcelona Satellite July 2002, and the Curriculum Design Workshop September 2002, will present opportunities to establish partnerships with international organizations.

Equally important will be the establishment of partnerships with international donor organizations, as the size and scope of the institute will be largely influenced by the missions of donor agencies. Although the overall mission for the International Institute on Gender

Management and HIV/AIDS will be the result of discussions with international partners, donor agencies will have potential to influence components and overall direction of the Institute.

Philosophy/Mandate

One of the first steps in development will be the establishment of a philosophy and mandate that will govern the development of structure as well as curriculum for the Institute.
During the workshop in January 2002, participants arrived at the following shared vision for the International Institute on Gender Management and HIV/AIDS.

> The International Institute on Gender Management and HIV/AIDS will be one of the world's leading International Institutes of Excellence on Gender and HIV/AIDS issues for transformational global change through the creation of a gender equal society for prevention of HIV/AIDS as well as care, treatment and support of people with HIV/AIDS. The Institute will be built upon principles of human rights, global equity, social justice, and transformational learning. The following characteristics are examples of those listed by participants that will assist in evaluating overall success of the Institute: flexibility, fluidity, sustainability, cultural diversity, mutual respect, dynamicity, equality, and synergy (MCEWH, 2002).

As MCEWH continues to develop partnerships with international organizations and donor agencies, the direction and specific aims and goals of the institute will be further explored and established.

Target Audience

Although we have declared our target population to be "middle managers and policy makers" in government and non-government sectors from Commonwealth Countries with a focus on Africa, this will need to be expanded and further defined. Arrival at a specified target audience is imperative, as it will determine and guide the curriculum and development of all other aspects of the institute.

As mentioned above, when determining a target audience, SIGAD consulted with their funding unit in IDRC as well as Institute for Development Studies at Sussex University. SIGAD, being an academic course was aimed primarily at Masters level students or people with background qualifications that would allow them to perform at this level. Wishing to encourage variety and discussion, SIGAD marketed the course to people representing different regions, work experiences and research interests. SIGAD organizers preferred a blend of junior and senior researchers from universities, government, community organizations and NGO's. While the course was geared to serve researchers from developing countries, it was decided that a maximum of 10 Canadian participants could be enrolled in SIGAD per year.

In general, SIGAD gave priority to applicants from larger groups with whom they could share their experiences and materials upon their return from the institute. In attempt to broaden the regional coverage and audience base of SIGAD, the number of participants admitted to SIGAD was limited to one per organization or institution per year.

Costing and sustainability
The institute model will have to incorporate methods for costing, i.e. how much the institute will cost and sustainability, i.e. securing resources that will sustain the Institute on a yearly basis. Without determination of such things as length, scope, location and financial partners, it is difficult to estimate costs at this point in time. As a guideline, the IOI model, for example, charged US $10,000 for a 10-week course at Dalhousie University. This fee included air fare, meals, accommodation, and tuition.

Length
Factors such as available funds and target audience, as well as establishment of a mandate, goals and objectives will influence determination of length of the International Institute on Gender Management and HIV/AIDS. Based on the fact that women would find it difficult to be away from their children, SIGAD was a one-month, rather than the usual 6-week period although the course included the standard number of class hours to satisfy credit for a 6-week course.

Location
MCEWH of Dalhousie and IWK has been offered as the administrative home and host site of the International Institute on Gender Management and HIV/AIDS.

The SIGAD program was held on Saint Mary's University Campus. The Oaks building, where classes were held, accommodation, library, cafeteria, computers and SIGAD administration and faculty offices were within a 5-minute walk, yielding an atmosphere that became quickly familiar and comfortable.

Based on recommendations from participants at the Feasibility/Design study in January 2002, the possibility of incorporating a mobile component of the Institute that could either travel or establish a more permanent base in the counties of partnering organizations in Africa, for example, has been discussed.

As often required by international donor agencies, IDRC had hoped that SIGAD would travel. In their evaluations, participants who attended SIGAD were asked for their opinions regarding whether or not SIGAD should travel. Several participants were in favour of holding regional SIGAD programs in developing countries, due to the fact that the institute would be cheaper and more accessible to more people. It was also suggested that former SIGAD participants might be involved in the organization and hosting of a SIGAD program in their home country.

Curriculum
Curriculum development will include determination of Institute content and context, as well as modes of delivery. Content will include the selection of reading materials (preparatory, during and post) as well as the coordination of local, regional and international presentations and guest speakers. Context will be determination of the type of activities and exercises (group work, individual work) that will constitute the curriculum. Modes of delivery refers to information transmission, i.e. the use of virtual or distance education, etc.

The process of coordinating curriculum content will be initiated during the Curriculum Design workshop in September 2002. There are several gender and HIV/AIDS resources, including

training toolkits that have been prepared by regional and international organizations that will serve useful in this process. For example UNIFEM (2000) released a book entitled, "*Gender, HIV and Human Rights: A Training Manual*", Southern African AIDS Training Program SAT (2001) published a training guide entitled "*Mainstreaming Gender in the Response to AIDS in Southern Africa*". As well, it will be helpful to review educational modules that have been developed by regional organizations in the developing world such as those developed for Tanzania Gender Networking Programme (TGNP)'s Gender Training Institute (Hezekiel & Rusimbi, 2001).

SIGAD developed their curriculum over several months. The organizing team gathered readings that were read and discussed by everyone on the team in order to establish a common ground of knowledge and base a from which to build a curriculum. Following this, each member contributed additional pieces of literature according to their own specific areas of expertise. Their different areas of expertise as well as differing philosophical and theoretical orientations, made reaching decisions regarding curriculum challenging at times.

In their first year, SIGAD invited as many guest speakers as funds would permit. However, the organizers felt that the continuous rotation of guests threatened the integrity of the curriculum, overwhelmed participants and did not allow participants the opportunity to network and establish relationships with the speakers. In subsequent years, SIGAD limited their number of speakers. Also in the first year, organizers packed the curriculum too full with daily reading assignments, afternoon workshops and evening lectures. In subsequent years, organizers allotted more time for small and large group discussion. SIGAD designed a curriculum that was interdisciplinary, recognizing the relationship and transference of information across paradigms. The main requirement and product of the SIGAD course was the preparation and presentation of a research proposal.

SIGAD organizers reported one of the greatest challenges to be the balancing of participant expectations within an organized structure. Specifically, the determination of a condensed 4-week syllabus, flexible enough to respond to participant input and the need to evaluate participants according to university standards and requirements. The range of experience among selected participants was an additional challenge, as some participants were more knowledgble in areas than others and the scale of research projects varied greatly.

Administration/Management and Monitoring

One of the requirements of their funding agency, IDRC, was that the SIGAD organizers identify one person who would be responsible for administering the program. The Director was responsible for ensuring that university requirements were met and budget procedures were followed.

SIGAD also identified a coordinator who was responsible for general organization of the Institute. During their first year, SIGAD's coordinator was also involved in teaching, which resulted in too heavy a workload. Subsequent years, the coordinator did not bear teaching responsibilities and reported directly to the director. The coordinator's responsibilities included producing and disseminating promotional materials, developing and maintaining an international mailing list, communicating with applicants and funding agencies, assisting with the selection

process and coordinating development of the program syllabus. The coordinator planned daily and special events, supervised staff, managed financial aspects, coordinated orientation to the program and the IDRC scholarships.

SIGAD participants were sent an information package one month prior to commencement of the course. Included in the package were the schedule, reading lists, short biographies of participants, contact information of research persons and teaching team, information about Halifax and Saint Mary's University, and preparatory reading materials. An accompanying letter informed participants that they would be met at the airport, weather conditions and suggested clothing, details of accommodation and medical insurance. Also, an information sheet, including things such as dietary requirements, to be returned to administration was included in the package.

During the first year, SIGAD arranged travel through a travel agency. However subsequently booking through Air Canada's pre-paid office in Halifax provided access to passenger lists, allowing organizers the ability to ensure that participants had made it onto their flights. Other advantages included the ability to confirm that pre-paid tickets had been picked up by participants, problems could be reported directly to the airline office. Booking flights well in advance provided flexibility and ability to make travel changes. It was made clear that changes that incurred costs would be to be paid by the participant.

Participants were responsible for obtaining visas and other travel papers, with the coordinator providing assistance to participants who were experiencing difficulty. Medical insurance was provided and arrangements were made with a local clinic. Participants were given their allowances in installments.

Staffing

MCEWH must consider the staff and resource people that will be required to successfully run an annual International Institute. In addition to the administrator and project coordinator, SIGAD had 5 teaching/resource staff. With 25 people enrolled in the program, there was a 5 student to one staff ratio. IOI hires a course Director from the United States and a Course Coordinator (graduate student) from Dalhousie University. They invite local and international speakers, who do not receive payment.

Application Procedures and Requirements

As in the above two models, it will be necessary for MCEWH to develop a formal application process. This will include applicant requirements, application procedure, participant selection criteria, etc. Development of these components will be largely dependent on the finalization of a target audience for the International Institute on Gender Management and HIV/AIDS.

Candidates for SIGAD were required to submit a curriculum vitae, a letter outlining what they expected from the course along with a summary of their research question. SIGAD emphasized the importance of stressing the academic nature of the course, particularly for international participants who might have expected a workshop as opposed to an academic course.

IOI's application process is a great deal more involved, including the need for nomination by a Government department or national/regional organization. Admission requirements for IOI are

fairly extensive, including age range, level of education and language. In addition, IOI candidates are required to submit a medical record and proof of proficiency in the English language.

Both SIGAD and IOI application deadlines were/are in January. Neither institute charged/charges an application fee. SIGAD recipients were informed at the end of January and had 21/2 weeks to accept. Following acceptance, IDRC sent a confirmation of funding letter to participants, which was used for visa purposes. IOI participant selection process takes place in February and they emphasized the importance of what they refer to as a list of "reserve candidates" who may be offered enrollment in the event that a participant is unable to attend.

Participant Sponsorship and Funding

IDRC provided scholarships to 8 international participants to attend SIGAD. Other sources of funding for participants over the four years included Canadian International Development Agency (CIDA), International Centre of Ocean Development (ICOD), Norwegian Agency for Development (NORAD), Swedish International Development Agency (SIDA), CUSO, and the Canadian High Commission in India.

As mentioned earlier, IOI has a scholarship fund that receives money from various organizations. The scholarships amounting to $10,000 US cover lodging, food, airfare, learning materials, tuition, health insurance and a small per diem. The scholarship does not include a salary therefore, nominees are asked to continue paying participants' salaries during the course.

IOI encourages their candidates to apply for funding and scholarships independently and in fact will only consider candidates for scholarships if they have demonstrated that they have applied elsewhere for funding.

Private/Corporate sponsorship is another avenue for funding participants. For example, SIGAD received funding from Petro Canada to support two aboriginal participants per year. Most Canadian SIGAD participants paid their own way.

Evaluation

Evaluation is perhaps the most important part of any program. In order to ensure the effectiveness and ability to reach goals and objectives, it is necessary to incorporate varying methods of evaluation. The program will require careful monitoring and evaluation with clearly defined outcome measures in order to prove the value of the program and its ability to create change.

There will be several types of evaluation incorporated in order to ensure success and outcomes of the International Institute on Gender Management and HIV/AIDS. Evaluation will be multi-layered ranging from short term to long term follow up evaluation. Short-term impact evaluation, through the use of pre and post-tests, will assess individual levels of knowledge and demonstration of skills and ability. It will also be important to seek feedback from participants during and after the institute regarding effectiveness and general operation of the Institute.

Long term outcome evaluation methods will serve as a means to measure the extent to which change has occurred within participants' organizations. Finally, process evaluation will involve ongoing assessment to ensure smooth operation, administration and management of the Institute.

Gender Training Institute in Tanzania

There are regional, national, and international organizations that have developed institutes with very similar missions, goals, and objectives to MCEWH's proposed International Institute for Gender Management for HIV/AIDS. The Gender Training Institute (GTI) of Tanzania Gender Networking Programme (TGNP) is a regional example that displays such similarity.

TGNP's vision is "To advocate for and facilitate a process of social transformation with emphasis on gender through the use of participatory and animation techniques and working in close collaboration with the civil society organizations (CSO's)" (Hezekeil & Rusimbi, 2001, p. 1).

TGNP was approached by its partner organizations, Regional AIDS Training Network (RATN) and Southern African AIDS Training Programme (SAT), to develop a course for people in policy and management working in the area of HIV/AIDS. The proposal was accepted and the course, entitled "*Gender, Policy and HIV/AIDS*" ran for the first time from June 25th to July 5th, 2001. The overall objective of the course is to:

> "increase awareness/skills of participants to gender, policy and HIV/AIDS aimed at enabling them to see the links between the above areas for enhanced development transformation within the context of global, regional and national development and human rights…This kind of objective is important for the process of strengthening a broad base of key actors in policy and management of HIV/AIDS initiatives with a gender approach in the sub region" (Hezekeil & Rusimbi, 2001, p. 2)

The course is geared for senior level policy makers and managers in NGO's, Community Based Organizations (CBO's) and government and is built on "principles of training for transformation" i.e. change of attitude, social change and empowerment, capacity building, creativity, and a two way process of learning from one another (p. 3).

Expected outcomes for participants include; increased conceptualization of gender and its relationship to policies around HIV/AIDS, increased understanding of gaps in existing policies and programmes, improved skills for planning gender responsive programmes and policies, and specific national plans to address gender gaps in their own countries (Hezekeil & Rusimbi, 2001).

Recommendations for further Investigation

As mentioned in the introduction, basic assumptions can be made at this point of development of the International Institute on Gender Management and HIV/AIDS. Development will be an iterative process in which the establishment of each aspect of the Institute will inform other aspects of development. Of greatest importance is formalization of partnerships, particularly with donor organizations and arrival at a mandate, specific objectives and target audience for the Institute.

This paper primarily focused on the administrative experiences and developmental lessons learned from two local International Institutes. Such an analysis will be helpful in the development of logistical details, however it would be necessary to contact international institutes, particularly those addressing gender and HIV/AIDS in policy and development, in order to identify gaps, for example with respect to particular populations who have missed or not been targeted for training in gender analysis and mainstreaming.

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3. Bibliographic Note

The two bibliographies in this series form part of a curriculum development study for a proposed International Institute on Gender Management and HIV/AIDS. The broad purpose of the Institute is to develop the capacity of middle managers and professionals to mainstream gender approaches into all levels of HIV/AIDS research, programs and policy. The emphasis is on issues and trends relevant to Commonwealth developing countries, specifically, in this first phase, those relevant to Africa.

The impact that HIV/AIDS is having on developing countries has profound implications for all sectors of development. Consequences of the disease have evolved from affecting the health of individuals to influencing every aspect of life. As a result, work towards understanding the causes and methods for treatment and prevention is shifting from the biomedical model to a development model. HIV/AIDS must be examined in relation to political, economic, legal, human rights, cultural, social, including relationships between men and women, education, natural resource management and health policy realms. The international HIV/AIDS and development community has recognized gender equality as a major determinant in the spread of the pandemic. Gender crosses all areas and HIV/AIDS interventions need to reflect gender sensitivity.

They are intended to provide an introduction to the consequences of HIV/AIDS on development and core knowledge needed to sensitize programs and policy to gender issues. This is not an exhaustive compilation, but rather a selection of diverse material related to the topics. The bibliographies are divided into two major sections. Part I reflects a conceptual overview of information relating to gender, gender analysis and mainstreaming and practical resources. It includes general information on HIV/AIDS in an international development context. Part II consists of material that relates to specific areas affected by the pandemic. Projects, best practices and lessons learned as well as policy recommendations are included in this section. The annotated bibliography summarizes selected entries from the general bibliography.

An attempt was made to include a selection of easily-accessible primary documents from international, governmental and nongovernmental agencies, as well as secondary sources in the form of books, journal articles, and a few newspaper articles. Reports from workshops and conferences also are cited. Since the HIV/AIDS pandemic is changing rapidly, most of the samples selected were published within the last ten years. The few older references are still relevant as "classics" in the field.

The materials cited have been drawn from a large range of on-line databases and web sites, bibliographies, and references from articles and books collected. Major general databases consulted were Sociological Abstracts, POPLINE, and the National Library of Medicine databases (PubMed, NLM Gateway incorporating the former AIDSLINE).

The references reflect a spectrum of views. Please note that the Maritime Centre of Excellence for Women's Health does not necessarily endorse all of the views expressed in these bibliographies.

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A Selected Bibliography

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* Notes that the citation has been annotated in the separate "Annotated Bibliography"

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Commonwealth Secretariat, 1996, A Manual for the Africa Region. Women and Natural Resource Management, Commonwealth Secretariat, London. http://www.thecommonwealth.org/dynamic/documents_asp/ViewACategory.asp?CategoryID=55&PCID=55

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Nabane, Nontokozo and Gordon Matzke, 1997, "A gender-sensitive analysis of a community-based wildlife utilization initiative in Zimbabwe's Zambezi valley," Society and Natural Resources, Vol. 10, 519-535.

The AIDS Pandemic and Gender: The Socio-Cultural Effects on Development with an Emphasis on Commonwealth Countries

A Selected Annotated Bibliography

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PART I

Gender

Concepts and General Information

Baden, Sally and Heike Wach, 1999, "Gender, HIV/AIDS transmission and impacts: A review of issues and evidence," Briefing prepared for the Swedish International Development Cooperation Agency (SIDA), BRIDGE Report 47, Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/Reports/re47c.pdf

This report uses statistical data to examine patterns and trends in the global HIV/AIDS epidemic from a gender perspective. It points out the limitations of the data collection, which includes data not separating sex and data having inadvertent gender bias. For example, women who die of AIDS may be recorded as dying of tuberculosis or pneumonia either because these diseases have less stigma attached or the connection with AIDS isn't realized. In terms of statistics, this reduces the number of women affected, and by extension, the importance of looking at how AIDS is affecting them and society as a whole.

The report examines how HIV/AIDS affects men and women differently. It begins with statistically showing the global sex distribution of HIV/AIDS. Worldwide, 41% of people with AIDS were women. In Sub-Saharan Africa, this number was 50% and growing. Social, cultural and economic norms leading to vulnerability are looked at from a gender perspective. In Uganda, one of three countries used as examples, agriculture creates 2/3 of the GDP. Women are responsible for 80% of agricultural production. Their illness or increased burden of care creates loss of labour as well as loss of cash and subsistence crops. Four out of five children are taken out of school to work. Health services are stressed. Women whose husbands have migrated to the city to work and returned are at great risk of HIV infection.

Factors which increase women and girl's vulnerability to HIV include biological differences, economic and social dependence on men, and lack of power and control over sexual behaviour and AIDS prevention. Wives are often blamed and stigmatized for their husband's illness. Much more needs to be known about the influence of gender on social, economic, and cultural factors and how these impact on AIDS. Data collection which is more gender sensitive is important to understanding and prevention efforts. Finally, the report recommends specific ways to improve data collection and analysis taking gender into consideration.

BRIDGE (Briefings on development and gender), 1997, "Approaches to institutionalizing gender," Development and gender in brief: A quarterly update from BRIDGE, Raising gender awareness among policy-makers and practitioners, Issue 5, Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/dgb5.html.

BRIDGE bulletins are short, useful summaries of issues relevant to policy makers and practitioners with the view of raising awareness of gender in all areas. They provide succinct updates on specific themes such as: gender and participation, trade policy, health and well-being. This issue reviews the concept and necessity of mainstreaming gender into institutional structures and policies. It looks at obstacles and lessons learned from past practices. It also

discusses the concept of empowerment of women and suggests that organizational and institutional awareness and change is necessary if this is to be implemented.

CIDA, 1999, "CIDA's policy on gender equality," Canadian International Development Agency, Ottawa
www.acdicida.gc.ca/cida_ind.nsf/vall/6F0D1A14114696288525672900660DE5?OpenDocument

CIDA's policy on gender equality starts from the premise that gender equality is crucial to improving the well-being of all and to ensuring sustainable development. This policy paper reviews goals and objectives and states eight guiding principles to achieve these goals. These are: that gender equality must be considered an integral part of all CIDA programs; that every policy and program affects men and women differently; that gender equality does not mean that men and women become the same; that women's empowerment is central to achieving equality; that promoting women's participation in social, economic and political processes is essential; that partnership between men and women is necessary; that specific measures designed to eliminate inequality are required; and that CIDA's policies, programs, and projects should contribute to gender equality.

In order to support implementing this policy, the paper provides strategies, activities, and good practices. Particularly useful is a chart which lines up broad themes (poverty reduction; basic human needs; infrastructure services; human rights, democratization and good governance; private sector development; environment; and women in development) to links with gender equality, and then with examples of results.

CEDAW, 2001, "Turning the Tide. CEDAW and the gender dimensions of the HIV/AIDS pandemic," United Nations Development Fund for Women and CEDAW UNIFEM Convention on the Elimination of All Forms of Discrimination Against Women.
http://www.undp.org/unifem/public/turningtide/

CEDAW, Convention on the Elimination of All Forms of Discrimination Against Women, is an international policy which consists of a preamble and 30 articles that define what constitutes discrimination against women and creates an agenda for action to end this discrimination. It was adopted in 1979 by the United Nations General Assembly and, as of May 2001, has 168 States parties. These States have agreed to take whatever measures are necessary, including changing their laws, to see that the rights outlined in CEDAW are implemented. Discrimination against women is defined by CEDAW as "…any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

"Turning the Tide" is a response to the Declaration adopted at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001 to address the problem of AIDS. The booklet supports the recognition that inequality has resulted in the devastation HIV/AIDS is wrecking on societies. It offers tools to "support efforts to integrate a rights-based approach into

programmes, policies and strategies to respond to the gender dimensions of the pandemic." The booklet is divided into chapters, each of which has three sections. The first identifies aspects of the HIV/AIDS epidemic for which CEDAW has relevance. The second describes steps the State parties need to take to meet their CEDAW obligations. The third quotes articles in the Convention, which relate to the particular issue.

Aspects of the epidemic addressed are: sexual stereotypes and the knowledge gap; physical exposure; gender-based violence and sexual exploitation; gender inequality and safer sex; access to health services; pregnancy and prenatal transmission; care and care-giving; and women's leadership and participation.

Commonwealth Secretariat, 1999, "Advancing the Commonwealth agenda for gender equality into the new millennium (2000-2005): An update to the 1995 Commonwealth plan of action on gender and development," Commonwealth Secretariat, UK. http://www.thecommonwealth.org/gender/htm/whatwedo/why/update.doc

This policy report is an update to the 1995 Commonwealth Plan of Action on Gender and Development. It adopts a gender mainstreaming approach to accomplishing equality between the sexes but points out that where appropriate it will also undertake projects specific to women. Two critical policy areas are addressed as priorities. The first is human rights, peace and political participation. Violence against women is recognized as "an abuse of human rights and as a social problem with significant economic consequences." And women's full and equal political participation is seen as essential to changing inequality. Strategies to achieve these goals include the adoption of human rights legislation, providing training for the criminal justice system, providing support services especially to victims of violence, and strengthening mechanisms for eliminating trafficking of women and children. The Commonwealth Secretariat is committed to helping governments achieve these goals. Among its many activities, it plans to develop a knowledge base by producing policy briefs for policy makers, analyzing date in areas of education and employment, supporting the organization of training workshops; and providing advice on the integration of gender into politics and the peace process.

The second policy area is macroeconomics and social development. Men and women are affected differently by both of these areas and decision makers must take these differences into account. Women's poverty levels are increasing from unequal situations in the labour market, lower levels of education and dependence on social welfare systems. The Commonwealth governments, in part, will monitor the different impact that economic reforms have on women and men, develop strategies to address gender imbalances in key areas, and include gender mainstreaming throughout all sectors at all levels. They will ensure the ongoing collection of sex-disaggregated data for use in economic and social assessments and integrate gender analysis into development of social services and national planning. Strategies of the Commonwealth Secretariat will include working with other agencies to identify gender impacts of economic reform and develop processes to mainstream gender. These might include gender analysis, policy research, gender planning and gender training.

David, Martine, June 1997, "Gender relations and AIDS," Center for International Cooperation and Development. www.ccisd.org/ang/a_documents/a_david.htm

This article is a broad overview of factors that contribute to the risk of HIV infection. It covers a lot of ground in concisely explaining socio-economic factors of gender relations, migration and prostitution, and physiological vulnerability including female genital mutilation. It reviews social discrimination and education, marriage, couple communication and sexual abuse, economic pressures and implications for AIDS prevention. It ends with a brief mention of how women are affected by AIDS as care providers and as infected persons.

Gupta, Geeta Rao, 2000, "Gender, sexuality, and HIV/AIDS: The what, the why, and the how," Plenary Address, XIII International AIDS Conference, Durban, South Africa, July 12, 2000.

Gender and sexuality are major factors in the sexual transmission of HIV as well as in its treatment and care. Addressing the "what", Dr. Gupta explains that gender is not the same as sex. Gender "refers to the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other." Across cultures there is a distinct difference between men and women's roles and what is socially acceptable. Sexuality is related to gender but is distinct. It includes sexual behaviour that, in turn, also has its distinct social rules. The imbalance of power, which is basic to both gender and sexuality, increases men's, as well as women's, risk of HIV infection.

The "why" looks at women and men's vulnerability to HIV/AIDS giving specific examples of power imbalances. The "how" asks the question "How is one to overcome these seemingly insurmountable barriers of gender and sexual inequality?" Gupta suggests that the first step is to "recognize, understand, and publicly discuss the ways in which the power imbalance in gender and sexuality fuels the epidemic." She notes some programs reinforce damaging stereotypes. This includes portraying males as "predatory, violent, irresponsible," and women as "powerless victims or as repositories of infection." One example of the former is media campaigns to increase condom use depicting the "macho" man.

Gupta then gives examples of gender-sensitive approaches that take into consideration gender differences. Promoting the use of the female condom helps to give women control of their risk. Examples of transformative approaches that seek to address larger contextual issues are given. These include programs that target men to redefine gender norms, ways to influence the attitudes of young boys, and couple counseling. Finally she looks at programs that seek to empower women, which frees both men and women from destructive norms. Ultimately, however, "policies that aim to decrease the gender gap in education, improve women's access to economic resources, increase women's political participation, and protect women from violence are key to empowering women." Gupta concludes by saying, "We know that the customs and practices associated with male and female roles and sexuality in many societies today are compromising the rights and freedoms of individuals and promoting a cycle of illness and death. This must stop. There can be no more powerful reason for change; gender roles that disempower women and give men a false sense of power are killing our young and our women and men in their most productive years. This must change. That is the message that must be communicated."

Hemmati, Minu and Rosalie Gardiner, 2001, "Gender equity and sustainable development," Paper written as part of the Towards Earth Summit 2002 project, UNED Forum. www.earthsummit2002.org/es/issues/gender/gender.PDF.

This is an excellent snapshot of the current global situation of women and gender equity and what must be accomplished to achieve sustainable development. It starts from the premise that "sustainable development requires the full and equal participation of women at all levels." Taking priority gender-sensitive issues, identified by the UN Summit process, as a framework, it addresses: women's human rights and control over their lives; poverty eradication; women's access to, control and management of resources and services; the impacts of globalization; finance for development; and health, including reproductive and environmental health. It points out that these are only a small number of issues that need to be taken into account by policy-makers and stakeholders who are working on solutions and states that a gender mainstreaming approach is required throughout all areas. Written as a briefing paper, it is full of facts and figures and should be useful to someone wanting a quick, thorough overview of gender equity issues in development.

Maritime Centre of Excellence in Women's Health and Ronald Colman, GPI Atlantic, 2000, "Women's health in Atlantic Canada: A statistical portrait," Halifax, Nova Scotia, Canada.

This report is based on a new model of well-being called the "Genuine Progress Index" (GPI), which looks at overall social and economic indicators to measure the well-being of a society. This contrasts with the Gross Domestic Product (GDP) indicator that measures the health of a society by economic growth rate alone. The GDP measurement makes no distinction between economic activity that creates benefit from that which creates harm. In that model, crime, disease, disasters, etc. can make the GDP grow since money is being spent on prisons, drugs, doctors, hospitals, environmental 'clean-up,' etc.

The report is important as an illustration of how a GPI approach to population health addresses social and economic determinants of health from a gender perspective. This approach is more effective and efficient than one that focuses mostly on disease treatment. In addition to being more costly, the "health as absence of disease" model fails to consider factors which profoundly affect the health of populations. In relating primarily to the biomedical symptoms of disease, it fails to confront underlying causes.

The World Health Organization has defined health as "a state of complete physical, mental, spiritual and social well-being, and not merely the absence of disease." Determinants of health, as identified by Health Canada, which must be considered, include education, income, employment status, gender, personal lifestyle, and social supports. The report points out that "understanding these determinants, not only moves us closer to the broader WHO perspective on health, but enables policy makers to target strategic investment in population health that can produce significant savings in later health care cost."

The report lists three main arguments for a gender-based analysis of health. The first is descriptive. Women's health needs are distinct. The second reason is normative; "to ensure equal treatment for women, and the elimination of traditional biases that have impeded women's well-being and progress." And the third is practical and policy-oriented. "Instead of blunt across-the-

board solutions that often miss their mark, waste money, and even cause harm to particular groups, a gender perspective can, quite simply, allow policy-makers to identify and target health care dollars more effectively and accurately to achieve the best return on investment. The more precisely health dollars are directed to high risk groups, the greater the long-term cost savings to the health care system."

Matlin, Stephen and Nancy Spence, 2000, "The gender aspects of the HIV/AIDS pandemic," A paper written for the Expert Group Meeting on "The HIV/AIDS Pandemic and its Gender Implications," 13-17 Nov 2000, Windhoek, Namibia.
http://www.un.org/womenwatch/daw/csw/hivaids/matlinspence.html

The authors of this paper look at specific issues in relation to HIV/AIDS and gender and point out problems in these areas that are often overlooked but need to be addressed. These issues involve those of mother and child; education; youth; the labour market; health services; the law; and situations of conflict**.** They then discuss gender mainstreaming and roles for national women's groups.

In countries where the prevalence of HIV/AIDS is high, the disease is seriously stressing every sector of society. The education sector is particularly vulnerable. Teachers and administrators are becoming infected and dying. Fewer children are being born because of the growing number of young adults infected. Many children born with HIV are not surviving to adulthood. Fewer school-age children are attending school for reasons including inability to pay school fees, needing to care for ill family members, or being needed to help support their families. An education for girls is not considered as important as one for boys.

One area often not mentioned is safety in the schools. The authors suggest aspects that need to be addressed such as safe transport to and from school and safe school environments that avoid sexual exploitation and abuse. The authors suggest positive ways schools can help to prevent transmission, mitigate the impacts, and influence social attitudes and cultural norms. They call on universities and other tertiary institutions to play a major role in developing policy and strategies, and to act as focal points for outreach into the community.

The authors point out that gender must be mainstreamed into every sector. This is not easy. It takes commitment, training and skills in gender-based understanding, analysis and planning. The "systematic and comprehensive effort" needs to involve: "1. Building capacity for training in gender-based analysis for all key professional and workers: requiring developing and producing locally relevant training materials, training of trainers, and allocation of time and resources for training. 2. System-wide processes in each sector that will ensure that programme planning and implementation is rooted in a gender-based approach, with monitoring and evaluation built in. 3. Enhancing capacities for the collection, analysis and use of sex-disaggregated data."

Razavi, Shahrashoub and Carol Miller, 1995, "From WID to GAD: Conceptual shifts in the Women and Development discourse," United Nations Research Institute for Social Development, (UNRISD), Geneva.
http://www.unrisd.org/engindex/publ/list/opb/opb1/toc.htm

This paper provides an introduction to the issues of women and development as they have been conceptualized since the 1970s. The first part of the paper is historical. It looks at the origins of the Women in Development (WID) movement, "selling" WID to development agencies, and the impact of WID. The main emphasis at that time was to influence development agencies to recognize the potential of women's productivity in creating economic growth. Thus, it sought to combine equity with social justice. It was particularly concerned with improving education, employment opportunities, equality in political and social participation, and increased health and welfare services. The dominant feature of this approach, however, was women in isolation. It did identify women's subordination and lack of resources but it did not look at the role of gender relations in restricting women's access in the first place. Also, the emphasis was more on what women could do to "produce" rather than what women need from development.

The second part of the paper examines the current shift in thinking from WID to Gender and Development (GAD.) This shift moves from the purely economic efficiency approach to one recognizing the importance for human and sustainable development. It also recognizes that change for women cannot happen without the cooperation and involvement of men, and that women's issues are interconnected with social, economic, and political issues altogether. This leads to a change from a focus on women-specific projects to mainstreaming women/gender at the program and policy level.

The paper discusses the different ways that researchers and practitioners are using gender. Two frameworks are examined in some depth--the "gender roles framework" and the "social relations analysis." These are then linked to two recent concepts--gender and efficiency at the macro-economic level and empowerment, which is an action-oriented approach.

In conclusion, the authors point out that there has been considerable confusion in states and donor agencies' attempts to mainstream gender. "In some instances, "gender" has been used to side-step a focus on "women" and the radical policy implications of overcoming their disprivilege….the challenge facing planners and policy makers is to operationalize gender. If this challenge is not met, the discursive shift from WID to GAD, which is occurring in many development institutions, will continue to mystify the project of integrating gender into development policies."

Reeves, Hazel & Sally Baden, 2000, "Gender and development: Frequently asked questions," BRIDGE Report 57, Institute of Development Studies, UK.
http://www.ids.ac.uk/bridge/reports/re57.pdf

This is a short, clear, easy to read paper offering explanations for 16 frequently asked questions about gender in development, gender analysis and gender mainstreaming by donor agencies. It assumes a basic understanding of the concepts. Questions include: "As a man how is gender relevant to me? I can see how gender is relevant to health, but how is it relevant to economic policy? Haven't we done enough on gender--don't we need to pursue new priorities? How can donors include gender in their work? In order to truly mainstream gender, is significant organizational change required?" In part, the paper points out that there is no strong correlation between high GDP and gender equality. We cannot reduce poverty without addressing the gender inequality of wages, resources, and discrimination in home and work. This is especially true since women and children comprise a large portion of people living in poverty. Gender "isn't a fad but an on-going process of social transformation. This is required to close the persistent

gaps between women and men's life experiences. It does not exclude other development goals but needs to inform them."

Reeves, Hazel and Sally Baden, 2000,"Gender and development: Concepts and definitions," BRIDGE Report 55, Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/reports/re55.pdf.

This paper is a good complement to the one discussed above. It introduces 19 of the most important concepts in the Gender and Development approach in a clear, concise manner and points out their implications for policy and practice. It first presents "quick definitions" in the form of a chart, and then gives more detailed explanations, usually only one page, with suggestions for further reading. Some of the concepts defined include: gender analysis, gender discrimination, gender equality and equity, gender mainstreaming, gender training, national machineries for women, sex and gender, WID/GAD, women's empowerment, and women's human rights.

Smith, Sheila and Desmond Cohen, 2000, "Gender, development and the HIV epidemic," Issues Paper, United Nations Development Programme, New York.
http://www.undp.org/hiv/publications/gender/gendere.htm

In spite of policy and programmes designed by public health officials, HIV has spread. Failures of development have created conditions, which allow HIV to thrive. HIV/AIDS must be viewed as a development issue and policies and programmes in the development sector must take the effects of HIV/AIDS on the social, cultural and economic aspects of communities into account. In addition, issues of gender underlie all of these aspects. Nothing can change if the differences between men and women's experience, in all areas, including poverty, access to education, power and responsibility in home and community life, and different legal arrangement for a start, are not taken into account. Issues of gender are central and critical to sustained development.

The effect of the HIV/AIDS epidemic crosses every aspect of life in countries where there is a high incidence and this effect is spreading globally. Life expectancy is reduced, as is the labour force, quantity of exports, and the general economy. Health systems, agriculture, and education are all affected. Unless gender and HIV/AIDS is made integral to policies and programmes, there is not much hope that these will succeed. For example, efforts to increase primary education in Africa must look at the loss of teachers due to AIDS, children's need to work to help alleviate poverty in the family, and how the importance of education for men and women is viewed differently.

In looking at policies that have been beneficial, the authors warn that these cannot always be translated between cultures. There is a need for understanding and reflecting local conditions in policy. They also point out the necessity of empowering women. It should be recognized that women play a critical, but often invisible, role in the social and economic conditions of any culture. Rather than focusing on "vulnerability" which shifts the focus from women's ability to effect changes, programs should highlight women's strengths. Programs to improve women's

access to resources such as education, credit, civil, legal and property rights, health care, and social power are necessary.

UNAIDS, 1999, "Gender and HIV/AIDS: Taking stock of research and programmes," Best Practice Collection, UNAIDS, Geneva.
http://www.unaids.org/publications/documents/human/gender/una99e16.pdf

The framework for this report uses individual and societal vulnerability to HIV/AIDS infection as a basis for looking at the problem. Individual and societal risks both include factors of knowledge (and lack of), attitudes or feelings, and behaviour. Social, economic and political realities of a culture, including issues related to gender which are embedded in the culture, limit the ability of individuals to reduce their risk. If a woman, for example, is not supposed to know much about sex, it hinders the communication with her partner, which is necessary to reduce risk.

The report is divided into two sections which both use this framework. The first reviews public health and sociology research concerning personal and societal risk factors, and points out themes and issues, which have emerged, as well as gaps in our knowledge. Gaps include understanding how gender influence men's knowledge, attitudes and behaviour. The second describes programs which have focused on using gender concerns to reduce the vulnerability to and the impact of HIV/AIDS. It looks at broad themes in individual and societal risks, including programs to improve access to information and development of skills for prevention, and programs to improve women's social and economic status. It concludes by acknowledging the challenge that, at this point, we know more about what needs to be done than about how to do it.

Visvanathan, Nalini, Lynn Duggan, and Laurie Nisonoff (eds.), 1997, The Women, Gender and Development Reader, Zed Books.

After only a few years, this book has become a classic in the field of women and development. Intended to be used by students as an introduction and by development practitioners wanting an intelligent overview, it features leading writers in the field who present an historical, theoretical and global perspective. It outlines established theories, puts them in context of other research, and offers challenges to these theories. As well, it includes case studies from diverse communities in the developing world.

The book is divided into five parts. The first is a series of ten essays looking at key theoretical issues in the "making of the field" including women's roles in economic development, environment, political economy in Africa, patriarchy and gender. The second, "Households and Families," examines, in part, women's informal work, relationships within the family including abusive and dominating ones, and the roots of the African food problem. The next three sections are concerned with women in the global economy, women in social transformation and women organizing for change. Through out the book, ways that structural and economic changes have affected women's lives in less developed areas are discussed.

Vlassoff, Carol and Claudia Garcia Moreno, (article in press, 2002), "Placing gender at the centre of health programming: Challenges and limitations," Social Science and Medicine.

This paper expresses the view that a gender analysis is key to understanding all aspects of health from policy to health care and health status. It looks at why gender has been misunderstood and ignored and discusses five ways that inclusion of a gender analysis can improve health planning and programming. Giving examples from recent research, the authors suggest that gender analysis: 1. Improves detection and treatment of health problems in underreported groups; 2. Improves understanding of the epidemiology of health problems; 3. Elucidates psycho-social dimensions of disease for men and women; 4. Improves relevance of public health services; and increases potential for greater public participation in health. The authors then look at the obstacles and opportunities for placing gender at the centre of health programing and suggest ways to effect change in policy, research, and training of health professionals. Finally, they give practical recommendations for programs and interventions.

Gender-based analysis and mainstreaming

Commonwealth Secretariat and Maritime Centre of Excellence for Women's Health, 2001, "Gender mainstreaming in health and HIV/AIDS. Strategies/Management. A reference manual for governments and other stakeholders," Gender Management System Series, Commonwealth Secretariat, UK.
http://www.thecommonwealth.org/dynamic/documents_asp/ViewACategory.asp?CategoryID=55&PCID=55

The 1995 Commonwealth Plan of Action on Gender and Development identified the creation and strengthening of gender management systems (GMS) as a priority. In response, the Commonwealth Secretariat has developed a series of reference manuals that targets key areas to lead stakeholders through this process. The manuals can be used alone or in tandem with other titles, especially the Gender Management System Handbook, which covers the concepts and framework of the GMS in more detail.

This manual deals with gender mainstreaming in HIV/AIDS strategies and management. It covers an overview of the incidence and risk factors of HIV/AIDS, objectives and mechanisms of the GMS, and a conceptual framework for gender-based analysis and gender mainstreaming. The second section looks at HIV/AIDS in light of gender analysis and discusses issues specifically relating to men, women and young people. Topics, in part, include empowerment, stigma, poverty, and violence.

The manual recognizes that HIV/AIDS is more than a health problem as the disease affects every aspect of life. It relates the need for a multi-sectoral response giving examples of HIV/AIDS issues in agriculture, education, health, labour, and law and justice. Gender-based country case studies and good practices recognize the need for culturally appropriate guidelines. The manifestation of the epidemic is different in every country and must be addressed in its social, economic, political and cultural context. The case studies show that programs that address these contexts in light of gender mainstreaming are more likely to be successful. A gender sensitive checklist to be used as a tool for assessing gender sensitivity in programs and policies and a list of on-line resources are also included.

Maritime Centre of Excellence for Women's Health, 1998, "Lessons from the field: Policy makers and gender-based analysis tools in Canada," A MCEWH Gender and Health Policy Discussion Series Paper, No. 3. MCEWH, Halifax, Nova Scotia, Canada.

In 1998, the Maritime Centre of Excellence for Women's Health conducted a series of interviews with people who had been directly involved with the use of gender analysis tools in developing Canadian public policy. This paper discusses the key findings from those interviews. It also provides a list of gender-related questions to be used as tools in developing and analyzing policy, and an overview of gender-based analysis related activities in Canada.

Obstacles to influencing policy are reported as the first "key finding." Attitudes that don't recognize the importance of gender in all areas of life or are openly hostile to the concept create the first barrier. The lack of resources such as time, money, and adequate data are another difficulty. The third type of barrier is the need for skill and training in order to apply GBA principles. Having tools that are practical, easy to use and understand, and relate to the specific situations of target groups are very important. Also, a means to ensure that gender analysis is incorporated into policy is necessary. This needs direction that is centralized on a high-level as well as ways to include public attention. The last area of consideration includes a discussion of the importance of government and non-government collaborations to ensure the common objective of advancing women's equality. The paper concludes that there is a "wealth of experience and expertise relating to the development and usage of gender-bases analysis tools and principles from which to learn and chart future directions."

Gender profiles

Baylies, Carolyn L. and Janet M. Bujra, 2000, AIDS, Sexuality and Gender in Africa: Collective Strategies and Struggles in Tanzania and Zambia, Routledge, London.

This exceptional book offers a clear understanding of gender relations and the AIDS epidemic in Africa and explores possibilities to address and overturn its causes. It combines the broader, theoretical picture with specific human examples and is one of the best books available on gender and HIV in development. Two hypotheses form the framework for the research. The first is that gendered power relations as they exist in Africa must be taken into account for the success of any intervention. Strategies must address underlying causes. The second is that existing strengths, particularly those of women, should be recognized and used in those interventions. Men must recognize the dangers of inequality and be responsible as well. The research, conducted in towns and villages in Tanzania and Zambia, puts the situation within an historical and cultural context and looks at what has been done successfully through collective activities. Women in Africa have always organized themselves and banded together. The authors note that "examples of women's mutuality, creativity, subversiveness and challenge to men's authority are legion."

Any attempt to control AIDS, at this point, must recognize the all-pervasiveness of the epidemic and work within a perspective that is broader than just dealing with specific health issues. Interventions "need to be embedded in a broader struggle for solutions to people's straightened circumstances, to take on board poverty through income generation projects, ignorance through literacy campaigns, social injustice through political organization, religious

bigotry through bridge building between different faiths and so on." The authors deal with specific difficulties and challenges of this approach. But they also point out positive examples that give fresh insight on "how, while meeting immediate objectives and supporting members, interventions can expose those aspects of gender relations which drive the epidemic and can contribute toward their transformation."

Gender training, methods and manuals

Baume, Elaine, Mercedes Juarez, Hilary Standing, 2001, "Gender and health equity resource guide," Gender and Health Equity Network, a partner of the Health and Social Change Programme at BRIDGE Report, Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/Reports/Geneq.pdf

This is a very comprehensive and useful guide aimed to help policy makers, health practitioners, NGOs, and others working in the field bring gender awareness into their work. It is especially concerned with "policy implementation through flexible planning and management methodologies, accountability structures and participatory approaches." It lists and summarizes a vast array of practical tools and resources that are easily accessible in print or electronically through the Internet and plans to update these periodically. It gives an overview of gender sensitive programmes and projects that have been tried at local and national levels as well as results, lessons learned, and continuing challenges in promoting gender and health equity.

The guide is organized into five areas: gender mainstreaming and organizational change; implementing rights and accountability through networks and advocacy; tools to enhance and implement gender equity; lifespan perspective in gender and health; and specific issues in gender and health equity, including HIV and AIDS. Each area introduces the concepts involved and discusses how gender equity might be achieved. Included are case studies that focus on the developing world with examples of practices that have been useful.

Brooke, P., 1996, Traditional Media for Gender Communications, PACT Publications, New York.

This is a training manual for community facilitators to help them work with families to resolve conflict and stimulate dialogue on gender issues. It is unusual in that it includes the use of traditional drama, songs and dances to help communities diagnose and mobilize for action. It encourages facilitators to adapt the activities in the manual to the specific needs of the community.

Royal Tropical Institute (KIT), 1995, "Facing the challenges of HIV, AIDS, STDs: A gender-based response: Background information, educational tools, resources," KIT, Amsterdam, Southern Africa AIDS Information Dissemination Service (SAFAIDS,) Harare. http://www.kit.nl/information_services/html/gender_pack.asp

One of the most widely distributed and useful resources available, this guide consists of a 52-page book written in plain language and easy-to-photocopy instructional activity cards. Its

objectives are to increase general awareness of the impact that gender has on the HIV/AIDS epidemic, to advocate for the use of this approach, and to provide practical ideas of how this approach can be included into programs and policy at all levels. Personal stories are used to show the effect of gender inequality on female and male risk and coping. The activity cards give examples of how to work with groups in areas such as recognizing stereotypes, discussing sensitive issues in relationships, decision-making in relationships between boys and girls, and mapping and problem-drawing at the community level. Some of the activities described that move beyond the conceptual level are sensitive listening, drama, role playing, using stories to explore gender, and drawing.

UNIFEM, 2000, "Gender, HIV and human rights: A training manual," United Nations Development Fund for Women. www.undp.org/unifem/public/hivtraining

This manual provides a "hands-on" approach for trainers working with groups to increase awareness of gender on HIV/AIDS and human rights and to effect policy. It draws on over ten years experience in the field, analyzing and synthesizing lessons learned into a gender framework. Both qualitative and quantitative information is utilized. The "Forward" proposes questions for consideration: "Would the world have a serious AIDS epidemic today if gender inequalities were less pronounced? If more women had greater control of matters related to their reproductive and sexual health? If they enjoyed greater access to economic opportunities and resources so that they would not need to resort to exploitative occupations? If more men were willing to assume responsibility for preventing HIV transmission and for caring for family members who are HIV-positive?" These questions are explored throughout.

The manual is divided into four sections. The first comprises an overview of the HIV/AIDS epidemic as it relates to gender and human rights. The second and third sections outline actual training modules that can be used in various ways. They can be used 'as is' or parts can be used individually or in different sequences, depending on the trainer's objectives. The first is a one-day training module, "Gender Concerns in HIV and Development." The second module covers a two-day program, "Gender and HIV/AIDS: A Human Rights Approach." Descriptions of both modules include sessions looking at various aspects of the topics and include methods, training aids and notes for the trainer. The last section discusses insights from people who have used the modules in different countries. The manual makes a special effort to be culturally neutral and universally applicable.

HIV/AIDS

General information

Canadian International Development Agency, 2000, "Not just another health issue: The impact of HIV/AIDS on development," CIDA, Ottawa
http://www.acdicida.gc.ca/cida_ind.nsf/b2a5f300880e7192852567450078b4cb/83179058f8cd194e852568fc00552618?OpenDocument

This is a succinct, 3 page report of the trends in development that have been observed in Africa that expand the HIV/AIDS epidemic from the health sphere into all area of life. It warns that there are indications that similar trends will affect Asia, Latin America, Europe and North America as well. Useful as a clear overview, in a few paragraphs it highlights the key impacts in the following sectors: demographic, labour market, economic, food security, and social systems including health care, education, and community life. The report says that response must mobilize "all sectors of society: businesses, unions, religious groups, schools, community leaders, service organizations, women's groups, human rights groups, and all government ministries….From the global to the local level, a community-based response now characterizes the battle against HIV/AIDS, as the people of the world transcend geographic, ethnic, religious, social and economic boundaries to fight a virus that knows no borders and gives no quarter."

Gender Orientation on Development (GOOD), 2000, "HIV/AIDS. Grasping the reality of its gender dimension," Annual Conference Report, 11-13 Sept 2000, Oslo, Norway, APRODEV, Gender Orientation on Development, Brussels. www.aprodev.net/files/HIV-AIDS.pdf

This is a report of a conference held in 2000 by GOOD, which is part of APRODEV, an association of ecumenical development and humanitarian aid agencies in Europe. The conference began by recognizing that strategies which promote ABC--Abstinence, Be faithful, use Condoms, have failed partly because they have not taken into account underlying concepts of masculinity, high risk, and violent practices of sexuality. The mandate, then, was to approach the HIV/AIDS crisis with a gender analysis and to make concrete recommendations for gender-sensitive responses that might have more success. The paper reports keynote speeches, working group discussions and workshops conducted toward these ends. Four workshops were held focusing on different aspects of the gender dimension of HIV/AIDS: health, poverty and vulnerability; gender-based violence; cultural perceptions of body and sexuality; and empowerment of women living with HIV/AIDS.

The recommendations included working with small-scale initiatives at the community level. Existing methods that have had some success in behaviour change were recognized. These included peer group education, including men as well as women, body literacy projects, capacity building of local communities and empowerment of women's organizations. They called this approach ABCDE: Advocacy for (gender) equality; attention to Body and sexuality; work with the Community and in Context; Dialogue for development; and Empowerment for sharing of power. Within this context, many specific recommendations were made. One example is that "Development workers must never disregard the impact of symbols and metaphors they use in their work, because these create powerful images that can convey the wrong messages." As an illustration, one AIDS campaign poster showed a ghost in the form of a skeleton. This is the kind of imagery that portrays people as victims. They also suggested paying attention to language. For example, orphans are often strong young people who have power to effect change. But they are usually depicted just as helpless and dying creatures.

Hope, Kempe R. ed., 1999, AIDS and Development in Africa: A Social Science Perspective, Haworth Press. New York.

This book explores the impact of AIDS in Africa as an socio-economic epidemic. It analyzes issues such as women's health, sexual abuse, the law, orphans, the media, return to traditional culture, and the informal economy in their relationship to HIV/AIDS. It does not deal with Africa only as a homogenous whole, as is often the case. Rather, it looks at the diversity through various country case studies and the intervention strategies of the various cultural situations. This goes beyond the analysis of demographics to the human consequences on the individual, family, village, community, and governmental levels.

Mann, Jonathan M., and Daniel J.M. Tarantola, 1996, AIDS in the World II: Global Dimensions, Social Roots, and Responses, Oxford University Press, Oxford.

AIDS in the World, published in 1992, was the first full analysis of the global impact of HIV/AIDS. This new edition updates the previous one but, as the pandemic and responses to it are changing so rapidly, it already is somewhat out of date as well. It was written mainly for the professional community and is included in many classroom settings. Its value is in the comprehensiveness of its overview. A central theme is that "certain features of society are fundamental determinants of the epidemic's natural history," It identifies and explores these themes and includes essays on behavioural and medical research, epidemiology and data, prevention, treatment, and socio-economic impacts. There is one essay that discusses gender roles and relations. It also analysis the efforts being made by governments, intergovernmental institutions and nongovernmental organizations. The conclusion deals with vulnerability and human rights.

Smith, Raymond A. (Ed.), 2001, Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the HIV Epidemic, Penguin Putnam Publishers.

This is a monumental work of 782 pages with entries from around 175 scholars from more than 12 countries on 6 continents. In the past two decades tens of thousands of works have covered the medical, social, economic, political, and cultural aspects of HIV and AIDS. This volume seeks to "systematically organize, synthesize and contextualize this enormous body of information for a general readership." It covers all major aspects of the global epidemic from 1981 (and before) when AIDS was first recognized to 1996 when the class of antiviral medications called protease inhibitors was discovered. This paperback edition includes, as well, a comprehensive update through 2000. The encyclopedia proceeds from the premise that AIDS has been a personal hardship for millions of people and, in addition, "has proven to be a social challenge, a cultural catharsis, a political quagmire and a scientific puzzle. Perhaps more than any other threat to the public health in modern times, the AIDS epidemic has entangled not only individuals but also families and friends, cultures and communities, cities and nations throughout the world. It has cut across race and ethnicity, class and education, age and religion, gender and sexual orientation, challenging the compassion and ingenuity of humankind at every turn."

The book is intended as a general reference work for general readers as well as for specialists wanting to look at areas outside their own field. It does not cover specific medical or legal issues. More than 300 topics are arranged alphabetically, while an Overview section allows the reader to look at particular themes to get a broad picture. Eight major topics covered by the

encyclopedia are basic science and epidemiology, transmission and prevention, pathology and treatment, impacted populations, policy and law, politics and activism, culture and society, and the global epidemic. Each area has an introduction and an essay that highlights a broad topic of importance to that particular area.

Watstein, Sarah Barbara with Karen Chandler, 1998, AIDS Dictionary, Facts on File, New York.

This is a basic reference book of approximately 4000 definitions that are connected with HIV/AIDS. It is written in clear, concise language without judgement. Some entries are only a few lines while others are 3 pages. The topics cover all biological and medical terms, health care, emotional and psychological effects, prevention, ethical, legal, financial, public policy and political issues. The appendix contains a list of frequently used abbreviations, a statistical table of global HIV cases and deaths, selected resources, and a bibliography.

World Bank Policy Research Report, 1997, Confronting AIDS: Public Priorities in a Global Epidemic, Oxford University Press, New York.
http://europa.eu.int/comm/development/aids/limelette/html/limcontents.htm

The objective of this Policy Research Report from the World Bank is to inform and motivate political leaders to confront and deal with the HIV/AIDS epidemic. It is not intended as a "how-to guide" for implementing specific programs. Rather, it gives an analytical framework for prioritizing government involvement, and suggests a broad strategy that can be adapted to the needs and resources of individual countries. The report states that "governments have a mandate to endorse and subsidize risk-reduction preventive interventions, especially among those most likely to contract and spread HIV." Governments should act to prevent new infections and to mitigate infections that do occur.

The report uses the public economic model to explain that there is a strong economic reason why governments must be actively involved in the crisis and can not leave it to the private sector. This model assesses the allocation of scarce resources based on cost effectiveness and efficiency. It recommends some policies as more effective than others. The most effective way to stop spread of the epidemic, it says, it to change risky behaviour in persons with the most partners and with the lowest levels of protective behaviour such as condom use. It also recommends improving the education and employment opportunities for women and implementing policies that "guarantee basic inheritance, property, and child custody rights; and to outlaw and severely punish slavery, rape, wife abuse, and child prostitution. Finally, policies that reduce poverty will ease the economic constraints faced by the poor in paying for essential HIV prevention services, such as STD treatment and condoms."

In looking for the most cost-effective approaches that will also benefit society in other areas, it recommends that reproductive health and HIV/AIDS education be given in schools. In terms of medicine, it states that antiretroviral therapy (ART) is too costly and too demanding of clinical services to be helpful. It suggests, instead, that "community-initiated care provided at home, while often shifting costs from the national taxpayer to the local community, also greatly reduces the cost of care and thereby offers hope of affordably improving the quality of the last

years of life of people with AIDS." It does recommend antiretroviral therapy for reducing mother-to-child transmission as more cost-effective per 'quality-adjusted life year' than is ART for adults. Governments also "should ensure that HIV-infected patients benefit from the same access to care as other patients with comparable illnesses and a similar ability to pay….they should pay the same percentage of their health care cost out of their own pockets as would patients with other diseases." Programs that should be subsidized by governments include providing HIV information about alternative treatments, treating STDs, start-up programs insuring blood safety and AIDS care, and ensuring health access for the poor.

History

Hooper, Edward, 1999, The River: A Journey to the Source of HIV and AIDS, Little Brown & Co.

This meticulously researched book, based on over ten years work, 600 interviews and more than 4000 written sources, looks for the origin of AIDS. The general consensus among scientists is that HIV was transferred to a human from a chimpanzee (simian immunodeficiency virus--SIV), probably in central Africa. No one knows how this happened but one theory is that the virus was occasionally transferred from chimpanzee to human from bites or scratches and turned into an epidemic when roads and urbanization changed migration and sexual patterns. Hooper, however, proposes another theory, which has become extremely controversial. He contends that oral polio vaccine (OPV) was made in the United States from contaminated chimpanzee kidneys and used in mass vaccination campaigns in central Africa in the 1950s. The first HIV was reported in blood taken from a man in central Africa in 1959 (contrary to reports of a British seaman dying from it previous to that.) The book is a detective story making a case for the OPV theory. As a general history of the early days of the AIDS epidemic, it contains a wealth of historical information.

Setel, Philip & Milton Lewis (eds.) 1999, Histories of Sexually Transmitted Diseases and HIV/AIDS in Sub-Saharan Africa, Greenwood Publishing Group, Inc.

Looking at the history of HIV/AIDS and sexually transmitted diseases (STD) in Africa can help understand and prevent their escalation in the future. Each chapter in this book, written from a social science perspective, deals with a particular country. Case studies include Ghana, Cote d'Ivoire, Senegal, Uganda, Tanzania, Malawi, Zambia, Zimbabwe, and South Africa. There is a long history of STD epidemics in Africa, which has parallels to the HIV/AIDS epidemic. Transmission patterns, poverty, vulnerability of women, poor access to medical services, and geographic mobility all contributed to the spread of STDs in the past. The book explores the impact of colonialism, rapid culture change, gender, stigma and the practice of biomedicine in Africa.

Africa

Barnett, Tony, Piers Blaikie, 1992, AIDS in Africa: Its Present and Future Impact, Guilford Press, NY.

The result of 18 months of field research in Uganda, this book provides good general information about HIV/AIDS in Africa. Although it was published in 1992, it is still considered important as one of the first books to deal with AIDS as a development and social problem. The authors note that at the time of publication "Hardly any researchers had studied the socioeconomic structures determining either 'upstream' vulnerability - the risk of being infected - or 'downstream vulnerability - the risks associated with poor or no treatment and the impact upon the household in its economically productive as well as its social aspects." Main areas examined include how households cope with AIDS and the impact on orphans and on farming systems. It also looks at relations between men and women and between rich and poor, access to food and medical care, and the ability of countries to provide necessary services. The book has been criticized by social scientists, who now insist on more stringent research methods and reporting, but it focuses attention on socioeconomic issues that are even more relevant today and it raises important questions that still are not adequately answered.

Mahlangu-Ngcobo, Mankekolo, 2001, AIDS in Africa: An African and Prophetic Perspective, Gateway Press.

The author, a former anti-apartheid activist who now lives in the U.S., challenges "politically correct" western attitudes towards AIDS in Africa. She states, "One can not be politically correct about a disease that is killing people." She explores issues in African society that westerners cannot begin to understand such as polygamy, traditional healers, and the situation of orphans. In order to understand AIDS in Africa one must be culturally sensitive and consider each country's context and history. She also looks at the role and function of communities, governments and NGOs to see how they can work together for the most benefit.

Marcus, Rachel, 1993, "Gender and HIV/AIDS in sub-Saharan Africa: The cases of Uganda and Malawi," Report prepared for Centre for Development Studies, University College Swansea, BRIDGE Report 13. Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/Reports/re47c.pdf

This report was one of the first to look at the gender aspects of HIV/AIDS in sub-Saharan Africa with an emphasis on Uganda and Malawi. It is still completely relevant. The author asks how AIDS affects men and women differently and how gender power dynamics affect prevention strategies. She provides an overview of the social epidemiology with emphasis on major transmission routes, gender disparities and geographical variation in HIV/AIDS prevalence. She also discusses gender, poverty and vulnerability; prevention and control strategies that were being used in Uganda and Malawi; and gender issues in caring for people with AIDS including orphans. Women are more vulnerable to the disease and have more responsibility for caring for adults and children with AIDS. These facts must be taken into account in any prevention and treatment plan. Messages in prevention campaigns that focus on

fidelity, sexual abstinence, and condom use do not take women's lack of control over these issues into account.

The author concludes with recommendations on sensitizing prevention and care programs to gender considerations. Some of her recommendations include: strengthening women's nongovernmental organizations; making female-controlled condoms available and addressing masculine stereotypes, which hinder condom use; expanding gender-sensitive prevention strategies to the entire population; putting more effort into influencing male responsibility and sexual behaviour; improving efforts in rural communities; and examining gender bias in receiving and giving medical care and services.

"Report on the 13th International AIDS Conference, Durban, 9-14 July 2000, Summary report of najor issues, conclusions and recommendations." Department of Health, Government of South Africa.
http://www.polity.org.za/govdocs/reports/healthrep/2000/13conf00.htm

This is the first time the International AIDS Conference was held in Africa and the first time that it had a decidedly African (or developing world) content and a strong African contingent--4000 participants out of 12,300. It was also the first time that a "Rights, Politics, Commitment and Action" track was added to the mostly biomedical, scientific content. The other tracks were: basic science; clinical science; epidemiology, prevention and public health; and social science, which included care and disease management, psychosocial effects of living with HIV/AIDS, and the economics of AIDS. The major themes of the conference were prevention, treatment, vaccines, mother-to-child transmission, TB and HIV, pathogenesis and diagnostics, and care and support. Mainstreaming gender into HIV/AIDS programs was one of eleven major themes in the new human rights track.

Webb, Douglas, 1997, HIV and AIDS in Africa, Pluto Press, London and Chicago.

Using "structuration theory" as a method of examining the impact of HIV/AIDS, Webb points out that the disease must be understood in terms of the particular culture of those affected, the political economy of the affected country, and the individual. Thus, he combines a macro and micro approach. He also is concerned with the geographical influence of place on understanding and suggests that a generalization across space is not useful. After an introduction of basic information about HIV and the methodology used in the study, he looks at the inadequate responses of southern African governments on the macro level. He suggests that this mirrors the populations' concern with immediate issues of war, food, and money as priorities. He then considers individual behaviour rooted in a changing culture. Teenage pregnancy, which he says partially indicates lack of parental control and sex education, and the use of prostitution as a means of economic support are two examples of the changing motivations for sexual behaviour.

Using five field sites in his research, Webb examines the community responses to AIDS. He found the levels of knowledge relatively high but attitudes toward people with AIDS to be extremely negative. Either people with HIV/AIDS should be killed (since they are potential killers,) or isolated (especially prostitutes,) or cared for. The latter category was most prominent in communities with strong social connections. The suffering of an individual for the good of the greater community was seen by the community as a valid rationale for isolation.

In the final chapter, Webb examines HIV/AIDS prevention programs and suggests that, until they can be made a priority in communities, the programs won't have much effect. He says that HIV/AIDS won't become a priority until poverty and other health problems are addressed, or until the disease is rampant in the community. Some programs that have been relatively successful have characteristics in common. These programs include ones with social and environmental contexts rather than ones that just focus on behaviour. Treating STDs, providing condoms, peer education, patient-partner follow-up and targeting specific groups all have had some positive results.

PART II

Cultural contexts, Behaviours and Beliefs

Culture

BRIDGE (Briefings on development and gender), 2002, "Culture," Development and gender in brief: A quarterly update from BRIDGE, Raising gender awareness among policy-makers and practitioners, Issue 10, Institute of Development Studiess, UK.
http://www.ids.ac.uk/bridge/dgb10.html

This brief is a series of three short articles that bring out questions dealing with racism and "colonialism" that must be addressed. The first considers the criticism that people working in Gender and Development are imposing their values on other cultures. In dealing with this judgement, it gives examples that point out ideas of what is 'normal' often are created by structures of power imbalances, whether in the family, local community or global. Once this is recognized, it is necessary to see if what we do deepens or challenges this imbalance and to take action against practices which are oppressive.

The second article looks at the criticism from some 'Third World women' who charge that 'white' women portray them as "victim without agency, oppressed by family, culture and religion," thus failing to see the diversity and contexts of these women's experiences. Critiques such as this should cause those working in gender and development to "examine the assumptions about gender, race and sexuality that they and their organizations are making, and to see whether these strengthen or weaken notions of culture and ethnic superiority."

The third article looks at the CEDAW treaty and resistances to it by the Arab World, as well as by the United States and the Vatican. It points out how arguments about defending traditional cultures can be used against gender equality.

Setel, Philip, 1999, A Plague of Paradoxes: AIDS, Culture, and Demography in Northern Tanzania, The University of Chicago Press, Chicago.

This book is, at once, lyrical, historical, anthropological, scholarly, and very human. It incorporates personal experiences of women and men within a time of paradoxes where cultural traditions are colliding with forces of change. The aim of the book is "to unravel the

contradictions in contemporary sexual and reproductive life in Kilimanjaro and to demonstrate how AIDS has been experienced in this context."

The author spent 1 1/2 years in the Kilimanjaro region of Tanzania doing field research and draws extensively on his observations, as well as on AIDS literature, scholarly and historical references. He argues that "AIDS has been a plague of paradoxes, of concentric catastrophes, of disordered relations of power from the interpersonal to the international, the productive to the reproductive, the societal to the sexual." The book reflects both on the enormous impact AIDS has had on Tanzania as well as on what can be done to change the situation.

Female genital mutilation

Brandy, Margaret, Dec 1999, "Female genital mutilation: Complications and risk of HIV transmission," AIDS Patient Care and STDs, Vol. 13:12, 709-716.

Female Genital Mutilation, in its different forms, is practiced throughout the world but mainly in Africa and parts of the Middle East. It is estimated that over 100 million girls have been mutilated in this way and another 2 million are mutilated each year. This article mentions the social and religious reasons for this such as raising the social status of the family and the ability to demand a high dowry when the girl is married. Mainly it focuses on the medical and physical implications. It discusses the different types of female genital mutilation and the common medical complications. These include life-long health problems such as hemorrhage, infection, dyspareunia, genital ulcers, and gynecological and obstetrical complications. The article discusses the role that female genital mutilation plays as a risk factor in HIV infection and transmission. Factors include the use of the same unsteralized equipment on many girls, increased need for blood transfusions due to hemorrhage, childbirth or vaginal tearing during intercourse. Contact with blood during intercourse may also be a factor. Efforts by many countries to stop the practice through legal means have failed. In the Sudan, for example, it is illegal yet over 90% of girls have been subjected to it. It calls on health-care providers to increase public awareness and work toward its eradication.

Gender Communication and Socialization

Schoofs, Mark, 1999, "AIDS. The agony of Africa. Part five: Death and the second sex," Village Voice, December 1-7, 1999, New York. www.thebody.com/schoofs/africa5.html

In this eloquent article which first appeared in The Village Voice, Mark Schoofs paints a graphic, distressing picture of the difficulties many women in Africa face. Using stories of actual situations, he describes how completely women are subordinate to their husbands. The fact that their experience is much more extreme than the experiences of western women has implications for HIV prevention. One can not simply import programs that have worked in other cultural contexts. Personal identity is deeply embedded in social roles and traditional sexual practices, making change very difficult. There are "loud calls to reject Western gender roles, which are said to emasculate men."

Africa has thousands of cultures but common elements run through them. In many cultures, women are "purchased" with a dowry when they marry and are considered the property

of the husband and his family. Sex is a man's right and women, if they want to escape social stigma and destitution (not to mention prostitution) must subordinate their sexual safety to men's pleasure. Condom use with one's wife is not acceptable, having multiple partners is. A study from Zimbabwe found that husbands had infected over 50% of women who had STDs. That percentage probably is much higher.

. It is not the libido itself that is the problem but the culture in which it is embedded. Economic and social forces that subordinate women nurture the spread of AIDS. In 1999, Zimbabwe's Supreme Court ruled that women have no more status or rights in the family than a "junior male." In some societies, when a woman is widowed (as many have been,) she is inherited by one of the husband's brothers or cousins. If her husband died of AIDS, she might pass this on to her "guardian." If she objects to being inherited, (perhaps, for example, if she is beaten,) she is chased away, her poverty is assured, and she brings ill fortune on the entire clan. She is not allowed to take anything with her. Women need much more than AIDS awareness to help stop the HIV spread. A common consensus among women is that they "would rather die of AIDS tomorrow than die of hunger today."

Varga, C.A., 1997, "Sexual decision-making and negotiation in the midst of AIDS: Youth in KwaZulu-Natal, South Africa," Health Transition Review, Vol. 7, Suppl 3, 45-67.

This paper looks at sexual behaviour, attitudes and choices of black South African youth and the extent these choices are influenced by the risk of AIDS. It is concerned not only with implementing behaviour change but also recognizes the broader gender and socio-cultural pressures that must be addressed in prevention efforts. The research reports finding from individual interviews conducted asking questions on knowledge of HIV/AIDS prevention, transmission and consequences, and whether HIV issues were discussed with their sexual partners. Communication was found to be poor, men's preferences were dominant, and AIDS was rarely taken into consideration. The paper discusses various socio-cultural attitudes and contexts that might help explain this behaviour. It also provides a good literature review and points out gaps in the research.

Male circumcision

CIRP, Circumcision Information and Resource Pages, nd, "Circumcision and HIV infection," CIRP. www.cirp.org/library/disease/HIV/

A debate has been raging for over 10 years about whether or not circumcision affects the risk of HIV infection. This article systematically looks at over 50 studies and concludes that no connection between the two has been proven. Severe flaws are pointed out in the few studies that report circumcision as a risk factor.

Roles and responsibilities

Oheneba-Sakyi, Yaw, 1999, Female Autonomy, Family Decision Making, and Demographic Behavior in Africa, Edwin Mellen Press, Lewiston, New York.

This book is an in-depth study of women's reproductive behaviour, status, and the family in Ghana. The research was conducted as the Ghana Female Autonomy Micro Study, which was commissioned to gather information about spousal relations and the extent to which changes in the position of women affect demographic change in Ghana. It looks at women's roles within the family as well as their roles in political, economic, and legal areas. It also brings in men and looks at their attitudes and behaviours in reproductive decision making. The author of the preface to the book, Dr. Ann E. Biddlecom, suggests that, "The concepts, methodology, and main findings constitute useful tools for teachers and researchers in the social sciences. Likewise, organizations involved with practical implications of population research will find discussions in this volume of relevance and interest."

Sexual stereotypes

Henry, Kathleen, May 1996, "Straight talk for youth: Ugandan girls and boys learning to escape gender stereotypes," AIDScaptions, Vol. II: 3. ftp://lists.inet.co.th/pub/sea-aids/gend/gend8.txt

This very brief article reports on the efforts of a Ugandan newspaper to address sexual stereotypes. A monthly tabloid called "Straight Talk" is inserted into 40,000 newspapers and 30,000 copies are sent to NGOs and secondary schools. The tabloid provides information about sex, relationships, HIV/AIDS, and other sexually transmitted diseases. The purpose is to encourage dialogue between boys and girls and parents and children about these topics. Much of the content comes in the form of letters, articles, and interviews with readers. Teenagers have been outspoken about their attitudes and behaviours in the tabloid. Difficult issues are addressed such as condom use, sexual activity and abuse. "Straight Talk" avoids preaching. It offers tips on sexual negotiation with a light touch and encourages both boys and girls not to give in to peer pressure. Comics, contests, surveys and quizzes encourage participation. The newspaper has been extremely well received and seems to be having a positive affect on youth behaviour. Clubs have formed in schools to discuss the issues and NGOs working with youth use it in their AIDS prevention activities.

Social/Psychological aspects

Kabane-Langford, Ntsiki and David Scondras, June 2001, "HIV/AIDS in Africa: A social time bomb," Peacework, http://www.afsc.org/pwork/0106/010606.htm

This brief article describes, from the authors' personal observations in Malawi, the intense suffering that African society is enduring with very little help in the way of doctors, medicine, food, or even care. Young, healthy, productive people in the society are stricken; the number of orphans is increasing creating a segment of society growing up without social supports; and professionals, including teachers, are dying. It points out that the stigma of AIDS is

so strong that people do not speak of it. Often the cause of death is said to be "pneumonia." Although African countries are trying to work with the problems of AIDS, they have so many other problems including war, famine, debt, poverty, and governmental restructuring that AIDS often is not a high priority. The reaction from the wealthier countries has been, for the most part, one of indifference. The authors quote a Washington Post editorial, "It is this indifference, echoed to varying degrees in capitals throughout the world, that is the real scandal of the international system." They suggest that one percent of the U.S. tax rebates would be enough to help stop the epidemic.

Stigma

Brown, Lisanne, Lea Trujillo and Kate Macintyre, 2001, "Interventions to reduce HIV/AIDS stigma: What have we learned?" Horizons Program, Tulane University and The Population Council, Inc. http://www.popcouncil.org/pdfs/horizons/litrvwstigdisc.pdf

This paper describes the concept and impact of stigma on HIV/AIDS care and prevention. Through a literature review, it assesses programs in the developed and developing countries that have tried to decrease the stigma of HIV/AIDS and other diseases. Information-based programs, contact with affected groups, acquisition of coping skills, and counseling were the main types of programs reported. Many of the interventions used in developing countries were community, rather than individual, based. The results of some studies showed that stigma can be reduced, however, few of the studies reviewed measured changes in attitudes and behaviours over time.

Traditional beliefs

UNAIDS, 2000, "Collaboration with traditional healers in HIV/AIDS prevention and care in sub-Saharan Africa. A literature review," Best Practice Collection, UNAIDS, Geneva. http://www.unaids.org/publications/documents/care/general/JC299-TradHeal-E.pdf

Traditional healers are well known in the communities where they work and approximately 80% of the African population rely on them for their health care needs. The healers come from many different cultures and belief systems but most use a combination of herbalism and spiritualism. Traditional healers have been treating STDs for generations and "often ascribe these to transgressions of taboos related to birth, pregnancy, marriage and death…Traditional beliefs about the prevention of STDs or HIV/AIDS follow the logic of transmission and causation, and include limiting the number of sexual partners, wearing protective charms or tattoos, having 'strong blood', using condoms to reduce the risk of 'pollution', or undergoing a 'traditional vaccination' consisting of introducing herbs in skin incisions."

This report reviews initiatives that used collaborations between traditional healers and biomedical practitioners. The report is divided into four sections. The first gives a brief update on AIDS in Africa and gives background information on traditional healing including its strengths and weaknesses in connection with biomedicine. The second uses examples from 9 African countries of collaboration in HIV/AIDS prevention and care. The third section uses criteria from UNAIDS Best Practices to evaluate the collaborative projects. This criterion

includes "effective and ethical interventions that are efficient, sustainable, and relevant to HIV prevention in the resource-constrained settings of sub-Saharan Africa." The final section offers suggestions for further research on collaboration between health sectors.

Violence against women

Gordon, P and K. Crehan, 1998, "Dying of sadness: Gender, sexual violence and the HIV epidemic," United Nations Development Program, (UNDP), New York.
http://www.undp.org/seped/publications/dyingofsadness.pdf.

This paper presents a broad overview of the definitions and scale of sexual violence as it relates to the HIV epidemic. Basically sexual violence "describes the deliberate use of sex as a weapon to demonstrate power over, and to inflict pain and humiliation upon, another human being." Threats and humiliation as well as physical violence are included in this definition. The scale of sexual violence against women is vast. Global evidence suggests that one in five women have been physically or sexually abused at some point in their lives. The paper states that "sexual violence is a gendered phenomenon: its nature and extent reflect pre-existing social, cultural and economic disparities between men and women." It's causes, manifestations and consequences are complex and multifaceted.

Sexual violence is often predictable and preventive measures can be undertaken. These need to be local, as well as national and international. The paper reviews prevention efforts on all of these levels including areas such as law enforcement, conflict situations, work with NGOs, and human rights. In the short term, there is need for support services for victims and punishment for perpetrators. In the long term, the gendered and sexual natures of the violence must be addressed in their social contexts. The violence must be addressed at the level of culture and community rather than as an individual problem.

Differential Impacts on Individuals

Adolescents

Nduati, Ruth and Wambui Kiai, 2000, "Communicating with adolescents about AIDS. Experience from eastern and southern Africa," International Development Research Centre (IDRC), Ottawa.
http://www.idrc.ca/acb/showdetl.cfm?&DID=6&Product_ID=496&CATID=15

This paper reviews some of the HIV/AIDS prevention programs aimed toward youth in Malawi, Zambia, Uganda and Kenya. It begins by looking at the current state of the HIV/AIDS epidemic in the region and how youth especially are being affected. It examines the social context of adolescent's lives, family structure, status of adolescent sexuality, knowledge and misconceptions about HIV/AIDS and perception of personal risk.

The report then describes specific programs that have been tried and discusses their difficulties and successes. The activities are in three broad categories: mass media initiatives; behavioural modifications; and an integration of the two. It recommends that youth need both

information and skills such as "assertiveness, communication with peers, parents and other adults, rational decision making and a coping mechanism in the face of HIV/AIDS." It also includes a guide to be used in evaluating HIV/AIDS prevention programs. The authors report that this "is a story of innovation, creativity, determination and partnership between adults and youth, communities and governments, countries, aid agencies and NGOs." They continue, "We hope to convey the excitement we experienced and the tremendous hope that exists for the future of youth in the continent. It is our hope that readers will be motivated and recognize that there is a lot that can be achieved even with minimal resources."

Children and Orphans

Guest, Emma, 2001, Children of AIDS. Africa's Orphan Crisis, The University of Natal Press, South Africa.

Ninety-five percent of the world's 13 million children whose parents have died of HIV/AIDS live in Africa. Some of these children have HIV/AIDS themselves. Many of them live on the streets or are being raised by a slightly older sibling or an elderly, impoverished grandparent. The social consequences of millions of children growing up with stigma, poverty, psychological trauma, malnutrition, lack of parental love, and exclusion from schools is enormous. Emma Guest writes in a heart-wrenching, journalistic style to express the personal stories of these orphans. She uses first-hand accounts to show what life is like for the children as well as the caretakers and others facing this disease in the midst of utter poverty and sorrow. Guest explores the socio-economic context of the crisis and shows how governments, NGOs and extended families are responding and what others can do to help.

Men

UNAIDS, 2000, " Men and AIDS--a gendered approach. AIDS: Men make a difference. 2000 World AIDS Campaign," Joint United Nations Programme on HIV/AIDS (UNAIDS), Geneva. http://gbgmumc.org/programs/wad00/wacmene.stm

In 1999, the 21st Special Session of the UN General Assembly focused on the role of gender equality and equity in efforts to prevent HIV/AIDS. It recognized that men must be seen as part of the solution. This article offers a broad look at the context of men and AIDS. It acknowledges the diversity of men and the caution necessary in making generalizations; however, studies have shown that some generalizations are useful. The article covers a wide range of topics including: men's vulnerability to HIV/AIDS and their role in its transmission; the importance of focusing on men and the impact on women; the roots of masculinity and necessity of reaching adolescent boys; violence; and men's health needs. It suggests stronger support to men in preventing HIV spread and encouragement to men to care for orphans and sick family members. It also suggests that harmful concepts of masculinity, risk, and sexuality be challenged.

Just trying to change behaviours in not enough. Cultural beliefs and social norms influence actions of both men and women. The article states that "it is necessary to recognize the

power of existing gender relations, which affect both women and men, and the fact that collective as well as individual effort is needed to achieve greater equity and a proper balance of responsibility for AIDS prevention and care." It concludes with 9 points for action under the headings of gender awareness, sexual communication and negotiation, violence and sexual violence, and support and care.

Prostitution

Renaud, Michelle L., 1997, Women at the Crossroads: A Prostitute Community's Response to AIDS in Urban Senegal, Routledge, New York.

This book is both a personal narrative of the authors' life as a white American woman living in Senegal and a report of her research with a community of prostitutes in Kaolack, a city with the country's highest rate of infection. The prostitutes are shown as wanting to protect their children and themselves from abject poverty and have no other viable skills to support themselves. They have little to no formal education and are often divorced or widowed. They have other roles as wives, mothers, daughters and Muslims and most hide their work to avoid being shunned by their families. The author looks at their lives in the context of their religion. Senegal is 90% Muslim. Some of the prostitutes thought that it was God's will if people got AIDS, and prayed daily to be spared. They believed that if their religion was strong enough they would not be infected.

Prostitution is legal in Senegal if the women register with the police and have bimonthly screening examinations. If they are found to have a STD, they are not allowed to work until they get a negative test. If they continue to do so, they can be arrested. Even with the threat of losing income and with the knowledge of how to protect themselves, many women still do not insist on condom use with their boyfriends or husbands because it would created distrust in the relationship.

The author admits her bias when assessing the AIDS clinic. The prostitutes felt powerless and mentally and physically controlled by the staff. Instead of just criticizing the clinic, however, she tried to make recommendations that would help it meet the local needs. She discusses the ethical considerations of being a researcher in that situation and the reciprocity between her and the women.

Trafficking

Global Alliance Against Traffic in Women (GAATW), 2001, Human Rights and Trafficking in Persons: A Handbook, GAATW. http://www.inet.co.th/org/gaatw/

This handbook approaches the problem of trafficking in women from the human rights perspective and offers strategies, useful on local, regional, and international levels, to deal with the problem. Deception and coercion define trafficking. Women (and some men) are deceived into going to an unfamiliar community, often overseas, for employment and a more comfortable life. They are then held against their will, forced to work in prostitution, and often raped and tortured. A number of case studies are used as illustrations.

The handbook examines the causes and consequences of trafficking, looks at the ways governmental policy often exacerbates the situation, and recommends policy changes. Various approaches to the situation include a moralistic approach, crime control approach, migration and immigration approach, and the labour approach. For example, the moralistic approach usually involves prostitution. Rather than imprisoning trafficked people and enacting more anti-prostitution laws, focus could be on empowering these women by increasing education and employment skills.

Finally, the handbook looks at strategies NGOs could take. These include services for victims, information and education campaigns, heightened research and documentation, and advocacy.

Widows

Owen, Margaret, 1996, A World of Widows, Zed Books.

Widows in the developing countries are seriously discriminated against. Margaret Owen, who is a lawyer concerned with human rights and a widow herself, explores the legal, social, economic, and cultural status of these women. The results of war, AIDS, polygamy, and child-marriage has increased the numbers of widows, especially young widows, in almost all-developing countries. In one African country it is estimated that 67 per cent of all adult women are widows. Laws and customs that relate to widows take different forms in their respective cultures. Many customs and laws offer no protection to widows in terms of inheritance rights, land ownership, custody of children, or security. In many parts of the world, a man's relatives take all of his possessions after he dies and "chase the wife away." Sometimes they blame her for her husband's death. She must fend for herself in a condition of bleak poverty and often finds prostitution the only viable alternative. In other cases, she may be forced to marry a relative and basically serve as a slave.

Some countries do have protection laws, but women are either unaware of them or have no power to enforce them. Owen points out that the status of widows must be seen in the context of patriarchal customs and institutions. Law reform, social support, and the empowerment of widows are all crucial means of change. Widows have begun to organize into groups in many countries to empower themselves. National widows' associations are beginning to establish branches in villages and city slums to work with governments and communities to bring about better lives for these women and their children.

Women

Long, Lynellyn D. and E. Maxine Ankrah (eds.), 1997, Women's Experiences with HIV/AIDS: An International Perspective, Columbia University Press, New York.

The tie that links contributions from 34 prominent researchers in this book is gender inequities in the prevention and treatment of HIV/AIDS. It states," Prevention and Treatment programs designed to curb the spread of sexually transmitted diseases, including HIV (human immunodeficiency virus), among women have not sufficiently addressed the complex web of

cultural, economic, and structural constraints that hinder the ability of women, worldwide, to protect themselves from HIV/AIDS." The book presents information about these constraints that should be interesting for the lay reader as well as the professional. Perspectives of the personal lived-experiences of women from many countries are represented. Essays point out how prevention of, or vulnerability to, HIV/AIDS can be affected by social traditions and beliefs. As well, there are essays written from the perspective of health care professionals.

The book is divided into four parts. The first describes personal experiences of living with HIV/AIDS. The second examines the socio-economic impact, and the third looks at issues and concerns such as STDs as catalysts of HIV/AIDS, breast-feeding, children, and support systems. The fourth part discusses ethics, prevention including microbicides, and other dilemmas. An epilogue looks at future policy needs.

Wallman, Sandra, (ed.), 1996, Kampala Women Getting By: Wellbeing in the Time of AIDS, Ohio University Press, Athens, OH.

This book is a series of essays that resulted from a two-year multidisciplinary study of urban Kampala, Uganda. The area is densely populated, without municipal benefits. Its people get by relying on their ingenuity and the informal economy. The stated objective of the study was "to freeze-frame a still changing community to see how it deals with epidemic and other crises now, so that well-intentioned intervention may be designed to enhance local capacity rather than ignoring or surpressing it." Specifically, it discusses the way ordinary women deal with seeking treatment for acutely ill children and for themselves, especially in relation to STD and AIDS.

The book looks at four main problem areas: the lack of economic and jural authority of women at the community and household levels and their responsibility for the management of illness within their household; the vulnerability of children under 5 to illness; endemic STD as the "cause of chronic morbidity, reproductive incapacity and social stress;" and scarcity of formal health resources. Essays cover household well being including the conditions of housing, hygiene, and sanitation, community life, treatment options, home treatment, children's illnesses, and the "private disease." There are interviews with traditional healers as well as with ordinary women who have to decide whether an illness is "serious enough" to seek treatment.

Economic Issues

Globalization and Trade

Altman, Dennis, 2001, Global Sex, University of Chicago Press, Chicago, Ill.

Using a multi-disciplinary approach with material from psychology, sociology, economics, anthropology, and political theory, Altman explores almost every area imaginable concerning human sexuality. AIDS, women's rights, prostitution, abortion, pornography, and sexual behaviours are only a few of the topics he considers. Generally, this is an examination of how the globalization (or homogenization) of culture is changing sexual behaviour worldwide.

He shows how sex and sexuality have moved from the private and personal into the realms of global politics and economics. He asks, "What are the connections between international debt, foreign investment, and capitalism on the one hand, and the alarming rise of prostitution, pornography, and AIDS on the other?" and "Why are sexuality and public health so often discussed in terms of morality, but rarely in terms of political economy?" He argues that values change after contact with outside influences and technologies, especially those imported via media and the Internet from the West, and that economic and cultural forces can influence behaviour and emotions.

Altman sees the HIV/AIDS epidemic as both a product and cause of globalization. He says, "AIDS fits the common understanding of 'globalization' in a number of ways, including its epidemiology, the mobilization against its spread, and the dominance of certain discourses in the understandings of the epidemic." National borders mean nothing to this epidemic. There is no national security measure that has managed to stop the flow. Worldwide, the epidemic has changed the way people relate to sex including bringing it out in the open where, maybe for the first time, people are forced to talk about it. On the negative side, fear of AIDS has increased the demand for younger, presumable uninfected, prostitutes. It has an impact on every country and calls on the global community to find solutions.

To illustrate that globalization itself has helped to create the epidemic, Altman uses the example of the World Bank's efforts in Brazil and India where structural adjustment programs weakened national health infrastructures that might have helped prevent the spread of HIV. Increased national debt, which decreases money available for infrastructure, privatization and user fees for health care, inequitable access to health services, rapid urbanization, and environmental degradation all contribute to the epidemic. The book is dense, complex and insightful. It offers a lot of information and a lot to think about.

Health Care

Castro-Leal, F. J. Dayton, L. Demery and K. Mehra, 2000, "Public spending on health care in Africa: Do the poor benefit?" Bulletin of the World Health Organization, Vol. 78:1, 66-74. http://www.who.int/bulletin/pdf/2000/issue1/bu0201.pdf

Coming from the economic point of view that public subsidy should create "human capital development" and thus must benefit the poor, this bulletin from the World Health Organization reviews the 'benefit incidence' of government spending. This approach examines how the benefits of public money are distributed across populations by combining the costs of public services with incidence of their use. Seven African countries are studied in this report to determine the benefit incidence of health services. Inequality was greater in some countries than in others but, generally, health spending was not well targeted to the poor. The richest 20% of the population received an amount far in excess than the poorest 20%. The governments allocated over half of their health budget to hospitals (in South Africa, it was 89%,) which the poor generally do not use. The poor rarely use primary care facilities either for a number of reasons. The facilities are often located far from their homes, as much as two hours or more. They cannot afford to lose pay by taking the time for medical care, and they can not afford the fees involved in cost recovery schemes. Women, especially, in the poorest sectors rarely use health facilities.

Reallocation of funds so that the poor could benefit must include addressing the reasons that prevent the poor from using the services.

Poverty

Farmer, Paul, Margaret Connors and Janie Simmons (eds), 1997, Women, Poverty, and AIDS: Sex, Drugs, and Structural Violence, Common Courage Press.

Poverty, which is pervasive and increasing throughout the world, is seen as a major factor in the spread of HIV/AIDS. It is linked to gender and especially to the plight of women who have no resources to help in the way of medicine, health care, child care, economic subsidies, or even human rights. Women and girls are forced, or driven, into a brutal, violent, and often lethal, life of prostitution as the only economic support available to them. The voices of the women portrayed are powerful and real and need to be heard by the international community. The book is divided into three sections. The first, "Rethinking AIDS" looks at sex, drugs, violence, poverty and AIDS in a global context. The second, "Rereading AIDS: Examining claims of causality," examines problems in social science, public health, and clinical medicine as they relate to women, poverty, and AIDS. And the third, "Reconceptualizing care: Pragmatic solidarity," looks at obstacles to care and services which do have a sensitivity towards poverty and the women who are caught in it.

Socio-economic impact

UNAIDS, 2000, "The economic impact of AIDS in Africa. A review of the literature," UNAIDS Background Paper for ADF 2000,
http://www.unaids.org/whatsnew/adf/files/eco_impact.pdf

This paper reports key findings from a literature review of the socioeconomic impact of AIDS in Africa. The first step in this process was defining specific indicators of economic impact within six broad areas: the macroeconomic level, the household level, education, health, agriculture and business. The macroeconomic impact looks at the effect of HIV/AIDS on the society's total income (GDP). The household impact shows effects on the smallest economic unit and the ways AIDS changes distribution of wealth. The indicators used in the education area include absenteeism, death of teachers, and children taken out of school. The health indicators cover supply (absenteeism and death of health professionals), demand (the proportion of HIV/AIDS patients and bed occupancy rates), and process (quality of services). It also looks at the proportion of the health budget used for HIV/AIDS treatment. In agriculture the indicators used measure changes in production and labour supply as a result of HIV/AIDS. Business indicators include the increased cost of production relative to profit as well as absenteeism due to death, medical and funeral expenses, pensions, and training and replacement of workers.

Countries were grouped according to adult HIV prevalence rates. When the prevalence is small, the most impact is felt at the household and health sector levels. When prevalence is higher than 5%, effects are felt throughout the economy and have a serious impact on economic growth. The review points out that data has not been systematically collected but, as research

grows, data is starting to become more standardized. As of 2000, there were no studies found on the economic impact at the community level. There were enormous gaps in the literature in all areas, especially health and education. This makes planning responses more difficult. The report recommends refining and standardizing indicators and identifying the major factors that influence the epidemic impact.

Education

AIDS Education

Hyde, K.A.L., 1999, "HIV/AIDS and FAWE: Challenges and opportunities," Forum for African Women Educationalists (FAWE), Nairobi.

This paper highlights the need for those working in the field of education in Africa to recognize the impact that HIV/AIDS is having on girls and how that undermines advances in educational equality. As of 1999, 50% of people infected in sub-Saharan Africa were under the age of 25 and of those, more than half were girls. The paper elaborates women's vulnerability to HIV/AIDS, biologically, socially, and economically. It gives important reasons for sex education in the schools including HIV prevention and the lack of basic biological reproductive knowledge among adolescents. It also offers strategies to NGOs working in gender and education. Among them are encouraging research and data collection, developing and disseminating model curriculum of sex and HIV/AIDS education, and mobilizing governments and other stakeholders toward policy change. The appendix includes key facts about HIV/AIDS, answers to commonly asked questions, and information about projects, services, activities and resources by and for women in Africa.

Children and Adolescents

Bendera, S., 1999, "Promoting education for girls in Tanzania," In: C. Heward and S. Bunwaree (eds.), Gender, Education and Development: Beyond Access to Empowerment, Zed Books, London.

This essay looks at the social and economic factors in the education of girls in Tanzania and at government and NGO interventions. It suggests that structural adjustment programs and the economic crisis in general are having a negative effect on gender equality in primary education. Specifically, many parents are not able to afford the school fees and those that are choose to send male children. A number of Tanzanian institutions are trying to work with these problems. The Ministry of Education and Culture has initiated a gender unit to coordinate and monitor gender issues in school attendance. Female academics at the University of Dar es Salaam have spoken out about the issue and have supported participation of girls in science and mathematics. The necessity to educate girls is presented as good for the economy since educated girls are more likely to enter the labour force.

Gender and Development

Swainson, Nicola, 2000, "Knowledge and power: The design and implementation of gender policies in education in Malawi, Tanzania and Zimbabwe," International Journal of Educational Development, Vol. 20, 49-64.

Attempts have been made since the early 1990s to address gender issues in education and progress has been made but it has been slow and filled with obstacles. Cutting social sector budgets lowers the priority of gender issues, which are often not well understood by mostly male policy-makers. The paper recognizes the assistance of international donor agencies but has a number of criticisms of these efforts as well as those of the government. These include unnecessary bureaucratic delay, lack of communication between donors and government, lack of coordination, and lack of focus on higher level education where gender equality is most pronounced. Swainson also criticizes donor agencies for paying more attention to their own agendas rather than focusing on community needs and for having a fragmented approach. She recommendations a number of interventions including that ministries and NGOs should collaborate and introduce gender-sensitive indicators linked to clear objectives and that they should improve evaluation and reduce duplication of efforts.

Health

Access to care, home care

BRIDGE (Briefings on development and gender), 1998, "Health and well-being," Development and gender in brief: A quarterly update from BRIDGE, Raising gender awareness among policy-makers and practitioners, Issue 7, Institute of Development Studies, UK. http://www.ids.ac.uk/bridge/dgb7.html

The international women's health movement has helped shift an emphasis in sexual and reproductive health from population control to a gender-aware and rights-based approach. Gender issues affect every area of health care from stigma and bias, to access to care and service availability. They are directly related to the consequences of gender inequality and power relations. There are many blind spots. Encouraging condom use by itself does not relate to the underlying structure of gender relations and may cause more problems for women. Approaches that address male identity and encourage male responsibility have gone further to tackle the deeper issues. The article mentions a few small- scale initiatives that could be "scaled up." The Women's Health Project in South Africa seeks to raise gender awareness within the health care sector by using in-service gender training. ActionHealth in Nigeria explores the sexual health needs of adolescents using comic strips and role-play. The successful Stepping Stones training program, started in 1995, has been distributed to over 1000 organizations in more than 90 countries. A peer group program designed to take place over 3 months, it addresses "the psychological well-being of men and women in relationship to each other, rather than just their physical and material needs." It incorporates discussion on gender roles, HIV/AIDS, sexuality, and social and psychological needs as well as participatory learning using video, role-plays, and drawing exercises. It also supports trainers and helps them adapt the program to their local needs.

Breastfeeding

White, Edith, 1999, Breastfeeding and HIV/AIDS: The Research, the Politics, the Women's Responses, McFarland & Co.

When HIV-infected mothers breastfeed their children, the risk of transmitting the virus is very high. This is tragic in countries where lack of access to formulas and uncontaminated water increase the need of infants to receive the nourishment of mothers' milk. Other complications are the fact that often mothers do not know they have the virus and are stigmatized if they get a test, of one is even available. This book focuses on the consequences of breastfeeding on women and children in developing countries. It looks at fourteen years of research, the medical and political questions involved, decisions mothers must make about breastfeeding and the alternatives available. It concludes with issues and recommendations for policy makers.

Drugs

CCISD, 2001, "The opportunities and challenges of introducing anti-retroviral therapy (ART) in resource-poor settings." A consensus statement by organizations delivering AIDS projects for the Canadian International Development Agency (CIDA,) Centre for International Cooperation in Health and Development (CCISD).
http://www.cpha.ca/english/intprog/ART/ART_Consensus.pdf

This is a report of a meeting held in September 2001 "to elaborate a technical consensus on major issues related to the introduction of anti-retroviral drugs (ART) in resource-poor settings." The report begins by assessing the situation. It describes anti-retroviral therapy, the current status of access to the drugs, and the current political environment. A discussion of drugs to prevent mother-to-child transmission of HIV is included. It then considers the major issues: HIV prevention, social equity, ART delivery, safety issues regarding viral resistance, opportunity costs, and action.

The presentations reveal that the question has changed from "if" ART should be introduced into resource-poor countries to "how". The challenges are great. Apparently, the drugs are readily available in Africa through private and underground sources. However, efforts to reduce their cost have benefited only a few. The drugs must be taken in combinations and in very particular ways and clinics are not equipped to administer them. If the drugs are taken irregularly or for a short period of time, resistance to them develops. The report recommends "the emphasis should be on strengthening the systems that are necessary to regulate and control a potentially harmful technology, rather than on weakening these systems further by dumping drugs into poorly organized public pharmacies and delivery systems."

Female control

Lerner, Sharon, 2001, "Product to protect women from HIV is elusive," in The New York Times, 3 July 2001.

Presently there is no product that a woman can use to protect herself against HIV/AIDS. The female condom has not been popular since it cannot be used without the partner's knowledge, and it is considered awkward and noisy. Hopes for the most promising product dissolved last year when a spermicide, Nonoxynol-p, was found to increase HIV transmission rather than reduce it.

Sixty microbicides for women's use are in development and four of these will be in the last phase of human trials in the next two years. One, Pro-2000, binds with the virus and disrupts it but this product might also be a contraceptive. Another changes the acidity in the vagina, and the third blocks entry of HIV and bacteria into cells. The fourth, Carraguard, uses the same seaweed that is used to thicken ice cream, to coat the vaginal walls. This one is expected to allow conception.

One of the difficulties in developing microbicides is the lack of interest by pharmaceutical companies because inexpensive microbicides are not lucrative. NGOs are looking for donors and have found some funding from The Rockefeller foundation and the Gates Foundation, which has pledged $25 million.

Health care systems

Turshen, Meredith, 1999, <u>Privatizing Health Services in Africa,</u> Rutgers University Press, New Brunswick, NJ.

As conditions of loans, the International Monetary Fund and the World Bank have forced African countries to dismantle their public health services. Instead, private markets in heath care are encouraged. These will not reach the millions of poor and rural Africans who are suffering from diseases that can be prevented such as TB and malaria as well as HIV/AIDS. Turshen states that the World Bank, as the largest donor agency in the world, has superseded the United Nations' World Health Organization "as the leading international formulator of health-care policy." She feels that the qualities of compassion and humanity have been replaced by demand for economic efficiency. "For all their rhetoric, the international financial institutions have shown that their overriding interests are monetary and that their objective is the growth of capitalism worldwide. They seek to extend the power of money by introducing financial criteria into the operation of all public services and by deregulating labour markets…In their view, social security regulations do not raise well-being and reduce exploitation but rather raise the cost of labor and reduce labor demand."

Turshen notes that the World Health Organization has emphasized the importance of the role of the state and the Third World has decades of successful health care experience. "Behind the World Bank's untested model stands only the belief that the private sector is innately efficient. The bank doesn't tailor policies for individual countries with different levels of development. Given the frightfully high rates of mortality and morbidity in Africa and the past record of World Bank policy failures, the large-scale experiments in privatization now being undertaken cannot be justified. Too many lives are at stake." Turshen also examines the implications of privatization for gender equality throughout the book. She provides a case study of Zimbabwe with additional references to Malawi, Mozambique and Zambia.

Male contraceptive use

MacPhail, C. and C. Campbenn, June 2001, "'I think condoms are good but, aai, I hate those things': Condom use among adolescents and young people in a southern African township," Social Science and Medicine, Vol. 52:11, 1613-1627.

This research uses qualitative analyses to explore the social factors that hinder condom use among young people. 44 young women and men, ages 13-25, took part in the focus group. There were six main reasons for not using condoms: lack of perceived risk; peer norms; condom availability; adult attitudes to condoms and sex; gendered power relations; and the economic context of adolescent sexuality. Most of the young people realized that they were going along with norms that placed their lives at risk; and they criticized these norms. However, few of them were willing to change their behaviour. The report concludes that the fact that sexual norms are criticized can provide a starting point for peer education programs.

Parent-to-child transmission

Preble, Elizabeth A. and Ellen G. Piwoz, 2001, "Prevention of mother-to-child transmission of HIV in Africa. Practical guidance for programs," Support for Analysis and Research in Africa (SARA) Project, Academy for Educational Development, Washington, D.C. www.aed.org/publications/healthpublications/mtctjuly17.pdf

Mother-to-child transmission (MTCT) of HIV, also known as parent-to-child transmission (which removes the blame from the mother,) vertical, or perinatal transmission, is escalating in Africa. Its prevention is crucial to the health and survival of children. This paper summarizes what is known about MTCT and offers practical guidance to programs that are "safe, affordable, feasible, culturally acceptable, sustainable, and effective in a variety of African settings." All of these prevention programs rely on strengthening the health services that are available to implement them.

The main interventions described in this paper include: Comprehensive mother and child health (MCH)(antenatal, postnatal, and child health) services; voluntary, confidential counseling and testing (VCT) services; counseling and support about safe infant feeding practices; optimal obstetrical practices; short-course antiretroviral (ARV) therapy for HIV-infected pregnant women; and family planning counseling and services that are linked to VCT services. These interventions are most effective when used in combination and they vary in terms of cost and ease of delivery. The involvement of men in the support of women is also important.

The paper also includes operational issues with recommendations to government, nongovernmental and international organizations for policy, planning, and implementation. These include developing strategies, strengthening health care systems, preparing communities for these programs, and supporting operational research.

Prevention and Control

Gupta, Geeta Rao, May, 996, "Opinion: Gender and HIV/AIDS: Transforming prevention programs, AIDScaptions, Vol. II: No. 3.
www.fhi.org/en/aids/aidscap/aidspub/serial/captions/v2-3/cp232.html

In a brief opinion paper, Dr. Gupta highlights the necessity of including gender issues in HIV/AIDS prevention programs and offers a few ways this can be implemented. Gender relations is seen as the root of all vulnerability, but prevention programs have failed to challenge the deep-rooted contexts of behaviour. She says that this is partly because of assumptions that social roles do not change. She challenges this and other assumptions with examples and says that "Bringing about such change requires multiple, mutually reinforcing interventions and a focus that goes beyond one behavioral act. But we have to believe it can be done. We can push the envelope on social norms that discriminate and compromise the rights of individuals. Together, we can begin to question the definitions of masculinity and femininity--definitions that now threaten the well-being of communities."

Dr. Gupta then asks, "What can AIDS programs do to tackle the gender issues that stand in the way of effective prevention?" She suggests that first we must modify existing programs to make sure that they are gender sensitive, which requires that we know what women need and that programs reflect that need. Basic information, accessibility to health care that is convenient to women and female controlled prevention methods are important. We also should make sure that gender stereotypes are not reinforced. She suggests, however, that economic resources and social supports are larger contextual issues that get closer to the root of women's vulnerability to AIDS.

It is necessary for HIV/AIDS programs to expand from their narrow focus to deal with these issues. This requires "a strong conviction that economic empowerment is essential for sustained, effective prevention." Programs that have done this successfully have linked with other interventions already in place such as "credit programs, agricultural extension services for women farmers, women's cooperatives or savings schemes. Linking up means providing AIDS information and services through those channels rather than setting up parallel, vertical programs just for HIV/AIDS." An example is the Zambian National AIDS Program that is working with women's groups to help women fish traders form a cooperative and get interest free loans. AIDS service organizations and program experts also should work toward improving women's access to education and productive resources.