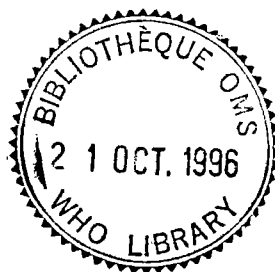


NATIONAL AIDS PROGRAMME MANAGEMENT

A Training Course

INTRODUCTION



World Health Organization
Global Programme on AIDS
1993

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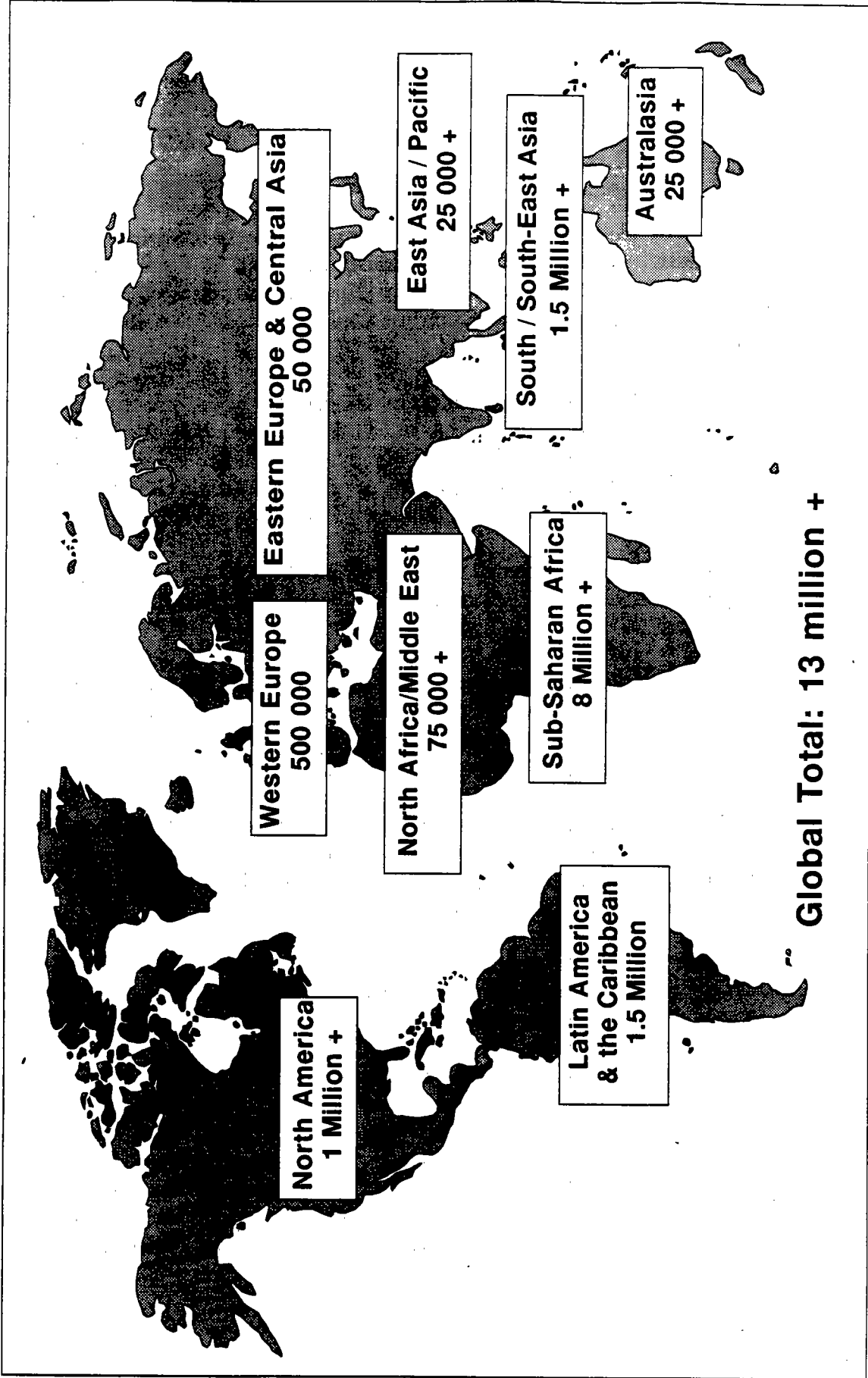
INTRODUCTION

HIV/AIDS -- A GLOBAL PROBLEM

The first cases of acquired immunodeficiency syndrome (AIDS) in the world were reported in 1981. Since that time the world has seen an illness that appeared at first to be an illness largely confined to homosexual men and drug injectors in developed countries become a pandemic affecting millions of men, women and children on all continents:

- * As of mid-1993, WHO estimates more than 14 million men, women and children have been infected with the human immunodeficiency virus (HIV) since the beginning of the pandemic. The regional breakdown of cumulative adult infections is shown in the figure on page 2, *Estimated Global Distribution of Cumulative HIV Infections in Adults, by Continent or Region: Mid-1993*.
- * Worldwide, WHO projects that by the year 2000 a total of 30 to 40 million children and adults will have been infected with HIV since the start of the pandemic.
- * The projected annual number of adult AIDS cases will mirror the annual number of adult HIV infections with an approximate 10-year lag because of the long interval between infection with HIV and the development of AIDS. Thus, by the year 2000, WHO projects ten million adult AIDS cases.
- * AIDS is essentially a sexually transmitted disease (STD) which, like some other STD, can also be transmitted through blood (via the transfusion of infected blood or blood products or through the use of non-sterile injection equipment) and from an infected woman to her foetus or infant.
- * Worldwide, HIV is transmitted primarily through sexual intercourse between men and women. In countries where heterosexual transmission predominates, men and women are affected in approximately equal numbers. About one-third of all babies born of women infected with HIV are themselves infected. By the year 2000, there will be 5 to 10 million AIDS orphans. These are children who do not receive the virus from their mothers but are orphaned when their parents die of AIDS.
- * Transmission through sexual intercourse between men continues to be a significant mode of spread in many countries, as does transmission through the sharing of non-sterile needles and syringes by injecting drug users.

**Estimated Global Distribution of Cumulative HIV Infections in Adults, by
Continent or Region: Mid-1993**



- * People with untreated STD, especially those such as chancroid and syphilis which cause ulcerative lesions, are more likely to become infected with HIV and pass it on to others. High rates of STD combined with high rates of sex partner change, in the absence of condom use, are fuelling the rapid spread of HIV among sexually active adolescents and adults.
- * The potential interaction of HIV infection with other infectious diseases is of great clinical and public health concern. The most significant interaction to date is with tuberculosis. Tuberculin-positive people who also have an HIV infection develop clinical tuberculosis at a highly accelerated rate and have different manifestations of the disease. WHO estimates that over 4 million adults worldwide are infected with both HIV and *Mycobacterium tuberculosis*, the vast majority of them in sub-Saharan Africa.
- * In developing countries where the pandemic is well advanced, infant and child deaths due to AIDS are increasing child mortality rates significantly. In many sub-Saharan countries rates may rise by as much as 50% during the 1990s.
- * Because AIDS kills people in their most productive years, most, if not all, sectors of the economy will be affected by the loss of workers, including highly trained workers and professionals.
- * In some large urban hospitals in central and eastern Africa, 60-80% of adults in medical wards have HIV-related disease. The need to provide care for the growing numbers of infants and adults who will develop HIV-related disease during the 1990s will place considerable stress on health care resources. Studies in Africa and the Americas show that AIDS would claim up to half of the national expenditure for health in some countries if the needs of AIDS patients were fully met.

STATUS OF RESEARCH

Research has been a vital part of the global response to the HIV/AIDS epidemic. Epidemiological and biomedical research have provided much of the information needed for developing effective approaches to prevention and care. Through epidemiological research, the main modes of HIV transmission have been determined and knowledge of the natural history of HIV infection has been broadened. Through biomedical research, laboratory tests for the diagnosis of HIV infection have been produced, drugs with anti-retroviral and immunomodulatory activity have been developed and experimental HIV vaccines have been prepared. Some of these vaccines have reached the stage of being tested for safety in man.

Behavioural and social research have also played a key role in the global response to the HIV/AIDS epidemic. Through sexual behaviour research conducted since the epidemic appeared, the variety, complexity and universality of sexual behaviours previously thought to

be "Western" has become generally understood. Through intervention research, it has been possible to apply behaviour change techniques developed through other health promotion efforts, such as smoking prevention, to the more difficult area of sexual behaviour change. It has now been shown that programmes can be developed to assist people in changing sexual behaviour to avoid HIV infection, a fact that was frequently debated just a short while ago. Unfortunately, the difficulty of developing and consistently applying these programmes has also become apparent. Operational research, in close cooperation with behavioural research, is needed to discover how best to bring about the most behaviour change for the lowest cost.

THE CHALLENGE OF HIV/AIDS PREVENTION AND CARE

Scientists have yet to develop a vaccine to protect people against HIV infection or a drug to cure individuals already infected with HIV. However, this does not mean that prevention is impossible. Much is known about how to prevent the spread of HIV through sexual intercourse, blood transfusion and drug injecting. It is vital to put that knowledge to work without delay, in order to slow the spread of the virus and thereby minimize the enormous personal and socioeconomic costs of the pandemic.

All too often, however, significant psychological, social, cultural and economic factors stand in the way of a rational approach to AIDS--the same factors that fuelled the pandemic in the first place. They include:

- * denial by many individuals and societies that AIDS is relevant to them
- * complacency about the pandemic, especially where the problem is *invisible*, because people with HIV infection have not yet begun to develop AIDS on a large scale
- * stigmatization of people who are infected with HIV, or believed likely to become infected, which prevents them from seeking the help or information they need to protect themselves and others from infection
- * the inferior socioeconomic status of women which limits their ability to learn to protect themselves from sexual transmission and to act on this knowledge
- * reluctance to discuss, or permit the discussion of, sexual matters

Overcoming these obstacles is the challenge of AIDS. It calls for no fewer than five responses:

1. **Commitment.** Governments must make AIDS prevention and care a priority *now*. Political leaders must act on their commitment without delay and find ways to accommodate clear prevention messages within the context of their country's social, cultural and religious norms.

2. **Involvement in all sectors of society.** AIDS programmes require action, support and resources not only from the Ministry of Health, but also from Ministries of Youth, Women, Finance, Planning, Education, Information, Labour, Agriculture and others. In addition, effective working relationships must be established with the private sector and community groups, including non-governmental organizations (NGOs).
3. **Giving priority – and resources – to activities for the prevention of sexual transmission.** This means promoting safer sexual practices, including the use of condoms. It also means providing early diagnosis and treatment for sexually transmitted diseases which facilitate HIV transmission.
4. **Reinforcing efforts to counter discrimination against people with HIV infection.** All governments need to continue to find ways to ensure that responses of official authorities and individuals to AIDS are humanitarian and non-stigmatizing. Public health is undermined by mandatory HIV testing and other discriminatory measures.
5. **Ensuring that people are well informed.** Clear prevention messages must reach all adolescents and adults so they can protect themselves and others from AIDS. Further, messages to counter misconceptions about HIV transmission must be widely delivered and reinforced. For example, everyone is susceptible to HIV infection, not just certain groups. Political leaders especially must understand that action to strengthen national AIDS programmes cannot be delayed even though the time between infection and the appearance of symptoms may be 10 years or more. Well-informed citizens and a well-planned and coordinated multisectoral response to AIDS are the keys to prevention.

In recognition of the scope and complexity of the HIV/AIDS pandemic, WHO has established the Global Programme on AIDS (GPA) to support the development of national AIDS programmes. WHO/GPA has prepared this course to help individuals responsible for AIDS prevention and care to combat AIDS more effectively in their respective countries.

NATIONAL AIDS PROGRAMME MANAGEMENT, A TRAINING COURSE

The purpose of this course is to improve the management of national AIDS programmes by:

- * presenting a systematic process for developing and managing a comprehensive national AIDS prevention and control programme; and
- * providing an opportunity to increase knowledge and practise skills needed to implement that process.

Course participants are individuals who have the authority and primary responsibility for the supervision and implementation of a national AIDS programme or are influential in making decisions about the programme. Among these may be a person in the office of the head of state who is responsible for inter-ministerial coordination of HIV/AIDS activities; people in the Ministry of Health responsible for prevention, health education and health care; and staff of other ministries, such as education and planning.

Others who may benefit from course attendance are WHO staff and consultants working with national AIDS programmes, representatives of NGOs involved in AIDS prevention and care and staff of other United Nations agencies.

Upon completion of this course, participants will be able to plan, manage and evaluate a comprehensive national AIDS programme more effectively and efficiently.

HOW THIS COURSE IS ORGANIZED

A set of books called *modules* are the main source of instruction for this course. The modules contain information on how to effectively plan and manage a national AIDS programme and exercises designed to give participants practise in applying that information. Course participants read the information in the modules and complete the exercises individually or in a group, according to instructions in the module. Each group is assisted by a facilitator.

A *facilitator* is a person who assists course participants by introducing each module, answering questions, leading group discussions and explaining ideas or clarifying information with individual participants or groups. The facilitator is one of several sources of instruction. Other sources include the modules, reference materials and other participants in the course.

COURSE MATERIALS

This course consists of 12 modules. Each module addresses a major aspect of AIDS programme development and contains exercises for the participant to practise what is learned. The titles of the modules are:

Introduction

HIV/AIDS Problem, Control Activities and Target Populations for Prevention

Interventions and Policies

Programme Prevention Priorities and Targets

Promoting Safer Sexual Behaviours

Condom Procurement and Distribution

Provision of STD Care

Prevention of HIV Transmission Through Blood

Prevention of HIV Transmission Through Injecting Drug Use

HIV/AIDS Care and Social Support

The National Plan

Monitoring and Evaluation

A *Glossary* appears at the end of this module on pages 27-50. It defines key words as used in this course and should be available for reference when working on all modules.

HOW THIS COURSE IS CONDUCTED

Participants from the same country are assigned to a group that includes one or two other country groups and is led by at least two facilitators. Participants complete each module through a combination of learning activities which includes reading, completing exercises and discussing the completed exercises with a facilitator.

There are two principle ways for participants to work through an exercise and three principle ways to discuss completed exercises with a facilitator. A participant may work on an exercise alone or with other participants from the same country. Sometimes an exercise requires both individual and country group work.

Either or both of these activities may be reviewed by a facilitator in discussion with an individual participant, a country group or a large group, which includes participants from all the countries in the group. The alternatives are displayed below.

Participants complete an exercise followed by discussion with a facilitator . .

ALONE
and/or
IN A COUNTRY GROUP

ALONE,
IN A COUNTRY GROUP or
IN A LARGE GROUP

The most frequently used combinations are described below.

Individual work followed by individual discussion

Participants individually respond to the directions in an exercise. Then, one by one they talk with a facilitator who reviews their answers and helps to clarify misunderstandings. The facilitator also gives each participant a copy of the answer sheet for the exercise, if one is provided. Before each exercise which includes both individual work and discussion, you will see a picture like the one to the left.



Individual work followed by country group or large group discussion

Participants individually respond to the directions in an exercise. Then, when all participants are ready, the facilitator leads a group discussion. Country group discussions are held with only the participants from the same country and focus on problems or plans for their own NAP. Large group discussions review the responses of participants from different countries. Both group discussions provide an opportunity to discuss how the information in the course can be used in the participants' AIDS programmes. A picture like the one to the left indicates that there will be a large group discussion. A picture like the one below indicates that there will be a country group discussion.



Country group work followed by country group discussion

All participants from the same country work together to respond to the directions in an exercise. Then, when the group is ready, the facilitator leads a discussion to review the country group's response, focussing on the issues as they relate to that particular country.



Where appropriate, the facilitator also encourages exchange among the country group members to enable them to develop consensus on AIDS issues and priorities in their country. Before each exercise which includes country group work and country group discussion, you will see a picture like the one to the left.

Country group work followed by large group discussion

All participants from the same country work together to respond to the directions in the exercise. Then, when all country groups are ready, the facilitator leads a large group discussion to review the responses of all country groups represented.

In a large group discussion, participants hear about priority issues in other countries and a variety of viewpoints about those issues. This is particularly helpful if at least two countries participating in the discussion are at a similar stage of national AIDS



programme development. Information about one country's issues, or experience handling a problem, can help participants from another country that has encountered the same or a similar situation, or will do so in the near future. Before each exercise which includes country group work and large group discussion, you will see a picture like the one to the left.

The first exercise in this module is a different type, called a "short-answer exercise". In short-answer exercises, participants work alone to write brief answers to questions. Participants then check their own work by comparing their answers to the ones on an answer sheet which appears on the page following the questions.

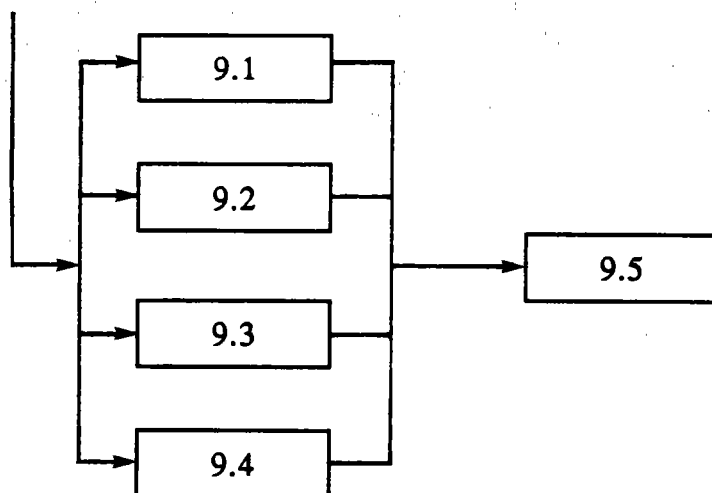
ABOUT THE AIDS PROGRAMME FLOWCHART

The flowchart in the back of this module describes the steps involved in developing and managing a national AIDS programme. Unfold the flowchart now to familiarize yourself with it. Some general guidelines for reading the flowchart are provided below.

Each of the boxes across the top line of the flowchart (numbered 1.0, 2.0, 3.0 and so on) represents a major step in developing and managing a national AIDS programme. These steps are most likely to be performed in order from left to right, as the arrows indicate.

A line dropping from the bottom of each of these boxes leads to a series of substeps (numbered 1.1, 1.2, 1.3, ... 2.1, 2.2 ... and so on). This second level represents the steps which must be done to complete the major steps. For example, steps 1.1 - 1.4 must be done to complete major step 1.0.

Sometimes, as shown below, two or more steps are connected by a vertical line.



This means that steps 9.1, 9.2, 9.3, and 9.4 may be done at the same time or in any order, but that they should be completed before step 9.5 is performed.

The flowchart may be used as a model for the development and management of a country's AIDS programme. A national manager may wish to change one or more steps or add other steps to better suit the country's needs. In any case, the flowchart will provide a useful framework.

Each module in this course describes one or more of the steps in the flowchart. At the beginning of each module, the facilitator will point out which steps are covered.

SHORT-ANSWER EXERCISE

In this exercise you will practise reading a flowchart. Answer the following questions after you have reviewed the flowchart. Circle the correct letter or write your answer in the space provided after each question.

1. According to the flowchart, which should be done first?
 - a) Plan Priority Activities and Tasks for Selected Interventions
 - b) Develop Resources and Support Systems

2. According to the flowchart, which of the following steps should be done first?
 - a) 11.3
 - b) 11.4
 - c) either one

3. Why does step 6.0 come before step 7.0?

4. Why are steps 7.1 through 7.12 connected by a vertical line on the flowchart?

ANSWERS

1. a.

According to the flowchart, step 7.0 Plan Priority Activities and Tasks for Selected Interventions should be done first. This is because activities and tasks need to be planned before resources and support systems can be developed.

2. c.

Either one may be done first. The vertical line connecting steps 11.3 and 11.4 means they may be done at the same time or in any order.

3. Step 6.0 needs to be done before step 7.0. Programme targets should be established before the activities and tasks required to meet those targets can be planned.

4. Steps 7.1 through 7.12 are shown in a vertical line because they can be completed at the same time or in any order.

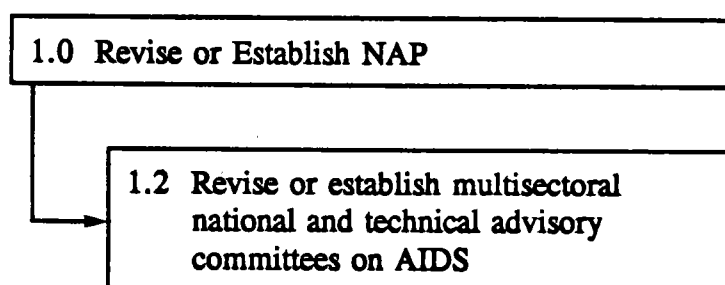
LEARNING OBJECTIVES

The information, examples and exercise in the remainder of this module will help participants to consider two important actions which lay a firm foundation for development of an effective NAP: establishing or revising a multisectoral national committee and technical advisory committees and collaborating with NGOs. After completing this module, participants will be able to:

- * identify barriers to a public health approach to AIDS in their country
- * describe the extent to which WHO-recommended responses to the challenge of AIDS are evident in their country
- * explain the importance of multisectoral involvement in a NAP
- * identify the action needed to establish or improve a multisectoral national committee for their NAP
- * recommend improvements in NAP collaboration with NGOs

FLOWCHART

Revise or Establish NAP is step 1.0 on the flowchart. Only step 1.2 will be discussed in this module.



REVISE OR ESTABLISH MULTISECTORAL NATIONAL COMMITTEE AND TECHNICAL ADVISORY COMMITTEES ON AIDS

A national AIDS programme may or may not already have a multisectoral national committee or technical advisory committees or both. This topic is included in the course because these advisory groups can make a significant contribution to programme effectiveness.

RATIONALE FOR MULTISECTORAL INVOLVEMENT

HIV/AIDS is a major health problem. However, the consequences of AIDS go far beyond the illness and death of those who are infected. For example:

- * The high rate of infection in the 15-49 year age group means eventual loss of trained people--in government, private industry, agriculture, teaching and other sectors--who contribute to the day-to-day operation and economic productivity of the country.
- * Many of the individuals in this age group are parents. Sometimes both mother and father become infected and die. Grandparents and children are left without support, thus increasing demand on social welfare services.

Just as AIDS affects other sectors, the policies of other sectors can enhance or hinder AIDS prevention and care activities. For example:

- * Lack of educational and economic opportunities for women means an increase in the number who may provide sexual favours for money.
- * Repressive law enforcement regulation of sexual behaviour creates barriers for those who wish to take prevention measures, such as purchase condoms or seek early diagnosis and treatment of AIDS and other STD.
- * Sex education in schools, including instruction about HIV and AIDS, supports HIV prevention programmes among youth.

A programme for HIV/AIDS prevention and care requires support, cooperation and action from many groups in both public and private sectors. A high-level multisectoral national committee is usually the most effective way to achieve this goal.

PROCEDURE FOR ESTABLISHING A MULTISECTORAL NATIONAL COMMITTEE

Once the decision has been taken to establish a multisectoral national committee, the first step is to define the purposes of the national committee, which may include:

- * demonstrating commitment from the highest level of government to AIDS prevention and control
- * providing a forum for educating key people about HIV/AIDS and its significance to the country
- * ensuring broad support for the AIDS programme
- * facilitating communication and coordination among government sectors and other organizations involved in NAP activities
- * encouraging HIV/AIDS-related assessment, planning and action in all relevant ministries and sectors
- * advising on, and periodically reviewing, policy
- * facilitating policy changes, when indicated

The second step is to establish criteria for selecting member organizations, which may include:

- * those essential for action and advocacy in AIDS prevention and care activities
- * those essential for addressing long-term social and economic consequences of AIDS

The third step is to compile a list of potential members, including:

- * Government sectors: health, planning, finance, welfare, information, education, justice, defense, labour, women's affairs, youth, tourism
- * Non-governmental organizations: women's, youth and religious groups; AIDS service organizations; other community-based NGOs; organizations of people at risk; organizations of people with AIDS

Finally, members are selected according to the criteria established in step two.

EXAMPLE

MULTISECTORAL INVOLVEMENT IN ONE COUNTRY

The following description is taken from one country that has developed an organization structure to facilitate multisectoral involvement and communication.

- * The Prime Minister chairs the National AIDS Committee (NAC).
- * The Prime Minister's office
 - is responsible for public relations and mass media activities.
 - supports an interministerial group responsible for facilitating and monitoring programme activities.
- * The Prime Minister has instructed each government ministry to develop an AIDS prevention and care workplan within its area of responsibility, including AIDS health education and training for its own staff and for other targeted populations. Workplans must be consistent with national AIDS policies. Funds have been allocated to support development of these workplans.
- * The NAC is composed of Permanent Secretaries from all government ministries, university staff, prominent community leaders and non-governmental organizations.
- * The Ministry of Health
 - serves as secretary to the National AIDS Committee, the executive committee and the seven sub-committees of the NAC.
 - provides information to representatives of other sectors who may be unfamiliar with HIV/AIDS, national AIDS policy and recommended interventions.
- * The AIDS Division in the Ministry of Health focuses its efforts on providing technical assistance in planning, coordinating, monitoring and evaluating AIDS prevention and care activities implemented by government ministries and other agencies and organizations.

A parallel structure exists in the provinces and districts to coordinate AIDS activities at the local level.

RECOMMENDED REFERENCE MATERIALS FOR MULTISECTORAL NATIONAL COMMITTEE

Reference materials on every aspect of AIDS prevention and care should be collected to provide members of the Multisectoral National AIDS Committee with the information they need to know. Committee members can use many of these reference materials as resources as they develop their own sector workplans. Relevant topics for reference materials include:

- * basic information about HIV/AIDS transmission, prevention and care
- * statistics on global, regional and in-country HIV and AIDS incidence and prevalence
- * recommended programme objectives, strategies and interventions
- * cost-effectiveness of prevention and care strategies
- * new developments in prevention and treatment
- * reports of model programme activities from other countries
- * sources and types of technical assistance and training

Types of reference materials may include:

- * technical reports
- * conference proceedings
- * journal articles, newsletters
- * print and audiovisual educational materials

International organizations such as the World Health Organization, the World Bank, United Nations Development Programme (UNDP) and the United Nations International Children's Education Fund (UNICEF) are excellent sources of useful AIDS information and materials. Numerous other government and non-governmental organizations also publish materials that are appropriate for national AIDS committee members.

The experience of some countries shows that the effectiveness of a multisectoral national committee on AIDS is affected by lack of information. Other problems affecting national committees are turnover of members and an ill-defined mandate or no mandate at all.

Regarding the latter problem, some countries have found it helpful to conduct a workshop for high-level decision makers, such as national AIDS committee members, to develop support and advocacy for the objectives of the NAP. WHO/GPA has developed a format for conducting a consensus-building workshop as a way to develop support, cooperation and action among public, private and NGO organizations. It is designed to stimulate interest in the NAP, generate enthusiasm for its purposes and development, and increase awareness and understanding of HIV and AIDS.

Participants in the consensus-building workshop also briefly review possible strategies and interventions, resources required to implement them, the role of existing agencies, NAP policies and the need for developing new policies and revising existing policies. Details for conducting the workshop are available from WHO/GPA.

TECHNICAL ADVISORY COMMITTEES

Technical advisory committees may fulfill one or more of the following purposes:

- * provide technical guidance on issues of national policy related to HIV and AIDS in such areas as: epidemiology; human rights; prevention of sexual transmission; clinical management of HIV/AIDS; clinical management of other STD; research; evaluation
- * review all policies from a scientific and technical perspective
- * advocate policy changes relevant to particular technical areas to appropriate government officials
- * modify recommended guidelines (for example, from WHO/GPA) for specific NAP activities, such as sentinel surveillance, clinical management of STD, clinical management of HIV/AIDS, counselling and blood transfusion, as appropriate to the particular country situation
- * advocate to the international community, the media and other groups to get support for the NAP programme

The number and type of technical advisory committees established in a country will depend on the needs of the country's AIDS programme.

It is also important to determine which areas should have permanent technical advisory committees and which should have ad hoc committees. For example, epidemiology, IEC and human rights might be permanent committees because these are continuing activities that affect all aspects of a national AIDS programme. The committee for STD clinical guidelines might be ad hoc because it would be convened only periodically after it had

established country-specific guidelines. Another alternative is to have all permanent committees.

PROCEDURE FOR ESTABLISHING TECHNICAL ADVISORY COMMITTEES

The first step in establishing a technical advisory committee is to establish criteria for committee membership. For example, an individual should:

- * have relevant technical, managerial and other expertise appropriate to the particular committee
- * be a respected and influential member of a professional or other special interest group (in order to facilitate acceptance and dissemination of approved recommendations among group members)
- * be able to devote the necessary time to participate in the work of the group

An important consideration for the composition of technical committees is multisectoral representation. This criterion can be met without making the committee too large by selecting individual members not only for their expertise but also for the sector they represent.

Next, list the technical areas where expert advice will be needed and the types of experts needed for each area. For example, members of a technical advisory committee on counselling might include:

- * programme managers of PHC and/or MCH/FP clinics where patients with HIV infection and other STD are seen
- * people with HIV infection and their family members
- * NGOs and social welfare institutions
- * a university professor/research specialist in psychology
- * nurses, social workers and other health workers trained and experienced in counselling individuals and families affected by HIV/AIDS and other STD
- * a health education specialist
- * non-health care staff, such as religious leaders or community leaders, who counsel members of various target populations

- * a counselling skills trainer

Finally, compile a list of candidates who meet the criteria for each technical advisory committee and appoint members to each committee. Maintain a list of eligible candidates to replace members who drop out or to locate short-term consultants on special topics.

COLLABORATION WITH NGOS

NGOs, including local, national and international NGOs, play a significant role in HIV/AIDS prevention and care because they:

- * understand the needs and sensitivities of individuals and communities affected by the AIDS pandemic
- * have close contacts with individuals and groups in the communities where they work
- * have shown their commitment and versatility
- * can respond rapidly and appropriately to changing needs for support

Given the number of NGOs who may be working in a country and the diversity of their activities, it may be necessary to supplement their representation on the national and technical committees with specific efforts to achieve effective coordination between the national AIDS programme and NGOs and among NGOs. WHO/GPA recommends some activities that programme managers may wish to consider in promoting collaboration with NGOs.

- * The NAP manager and a small group of easily-identified non-governmental organizations meet for an introductory discussion on collaboration and coordination. The agenda may include an update on the epidemiological situation and forecasts and review of any history of coordination among NGOs and ministries in the country. The objective of the meeting is agreement on how to involve a broader range of NGOs in the process of partnership-building.
- * At follow-up meetings, NGOs and the NAP brief each other on existing activities, plans, resources, capabilities and potential for collaboration and coordination. They prepare, jointly, specific plans on how to proceed.
- * In consultation with NGOs, the NAP manager sets criteria for fostering collaboration with NGOs. This collaboration should include clear mechanisms for information exchange, coordination of activities and the funding of NGO/AIDS

activities that are in accordance with the principles and priorities of the national programme. Because of universal sensitivities about autonomy, it is important to state clearly that such collaboration is based on partnerships among independent bodies, not control.

- * The NAP manager may consider identifying a person responsible for liaison with NGOs. If possible, this person should have NGO experience.
- * The NAP manager may consider promoting positive aspects of collaboration with NGOs on the agendas of national and international meetings and conferences to provide effective examples for the benefit of other countries.
- * NGOs may establish a consortium or coordinating group at the national level to maintain liaison with the NAP. In large countries, such groups could be established at the state or provincial level.

Ideally, these activities will:

- * provide the NAP with knowledge of NGOs already carrying out HIV/AIDS activities in the country and those with a potential to do so
- * give NGOs a clearer understanding of global and national epidemiology, other aspects of HIV infection and AIDS and the possibilities of placing their activities in the framework of the national programme
- * provide both the NAP and NGOs with an understanding of the HIV/AIDS problem in the context of national development; mechanisms for collaborating with each other to exchange information, coordinate activities and share resources; and an understanding of how their individual activities contribute to the overall national HIV/AIDS prevention and care effort.

- b. What does the committee do?

- c. What changes, if any, would you recommend (for example, in committee membership and/or activities)?

If your NAP does **not** have a national committee, would you recommend establishing one? Explain your answer.

- 4. Describe briefly how collaboration and coordination with NGOs is accomplished in your country. How is this process working? What changes would you recommend?

Tell your facilitator when you are ready for the large group discussion.

REFERENCES

AIDS-An International Resource Guide, Expanded Edition. Published and distributed by PACT, Inc. Communications Development Service, 777 United Nations Plaza, New York 10017. \$5.00

The guide contains a list of resources which provide information and materials useful in combatting AIDS in the developing world. It includes a section on directories and bibliographies; a listing of newsletters; guides for AIDS programme planning and management, staff training and prevention education; and a list of print and video public education materials in a variety of languages. It also includes addresses and telephone numbers of AIDS Health Promotion Resources Centers around the world.

Directory of European Funders of HIV/AIDS Projects in Developing Countries. 2nd Edition. Published by UK NGO AIDS Consortium for the Third World, London, UK, 1993.

GPA: Inventory of Nongovernmental Organizations Working on AIDS in Countries that Receive Development Cooperation or Assistance. U.N. Nongovernmental Liaison Service, WHO, Geneva, 1991.

GLOSSARY

GLOSSARY

Access

Living within a reasonable distance (such as 5 kilometres). Having access to a health facility is living within a reasonable distance of a health facility. Having access to a particular service, such as standard case management of STD, is living within a reasonable distance of a trained, supplied provider of that service. Having access to condoms is living within a reasonable distance of a health centre, pharmacy or other source from which condoms can be obtained.

Accredited private providers

Physicians, nurses, pharmacists and other health care workers in the private sector whose competence to practise is officially recognized by a document, such as a certificate or license, issued by a government agency or other official organization. In some countries this also may include traditional practitioners. Private sector providers who do not have official recognition are non-accredited.

Accumulation of monitoring results

A collection of monitoring data gathered over time that is judged valid and useful for evaluating certain components of programme activities that require repeated assessment.

Activity

One of a set of actions required to carry out an intervention. For example, assessing current donor practices is an activity involved in the intervention "provide a safe blood supply."

Activity indicator

A measure of the extent of implementation of an activity. Monitoring of activity indicators can show how work is progressing on the activities needed to achieve a programme target. Examples of activity indicators are the "proportion of personnel trained in STD case management" and the "proportion of health facilities that have appropriate drugs for STD treatment."

Activity targets

Quantified goals for achievement of specific activities within an intervention. They are targets specific to target populations or aspects of activities needed to carry out the intervention. The achievement of activity targets contributes to the achievement of

programme targets. Examples are:

By 1995, 80% of prostitutes will correctly and consistently use condoms
By 1995, 45% of priority distribution outlets will have a regular supply of condoms.

Activity targets differ from programme targets in that an activity target is the expected outcome of a single activity, whereas a programme target is usually the expected outcome of an intervention.

AIDS

Acquired immunodeficiency syndrome is a disabling or life-threatening disease caused by human immunodeficiency virus (HIV) characterized by HIV encephalopathy, HIV wasting syndrome, or certain diseases due to immunodeficiency in a person with laboratory evidence for HIV infection or without certain other causes of immunodeficiency.

Algorithm

A step-by-step procedure for solving a problem or accomplishing some end, such as step-by-step diagnosis of a sexually transmitted disease based on oral history, physical signs and symptoms, and in some cases laboratory testing. See flowchart.

Approach

A way to reach a target population with messages about safer sexual behaviours. In selecting an approach, an intervention designer chooses from among options for media and interpersonal approaches. Approaches have common disciplines, such as communications, education or psychology.

Aseptic

A condition in which living pathogenic organisms are absent; a state of sterility.

Asymptomatic HIV infection

The stage of HIV infection prior to the development of clinical signs and symptoms.

Autologous transfusion

A blood transfusion in which the donor and the recipient are the same individual. In most cases the individual provides blood in advance of the procedure. Other practical options are to provide blood shortly before the procedure, salvage clean blood during

the procedure, or collect clean blood after the procedure for reinfusion.

Availability

Living within a reasonable distance (such as 5 kilometers) of an *acceptable* source of services or supplies that are *affordable* and *easily obtained*. For example, an individual has *access* to condoms if they can be obtained from a health clinic in town. However, if the clinic is only open from 9 am-12 pm and 2 pm-5 pm, and an expensive taxi ride is required, then the condoms may not be *available*. Or if condoms can be purchased in a pharmacy, but a one-week supply costs 25% of the individual's weekly income, then the condoms may not be available. Similarly, if an individual could obtain free condoms from a community organization, but is afraid that members of this organization would tell others that he/she was involved in an extramarital relationship, then condoms from this source are not available to this person.

Blood component

Any constituent of whole blood, such as plasma, red blood cells, white blood cells and platelets.

Case finding

An activity to detect previously unknown cases of infection. May be either passive (for example, examination of individuals attending a health facility) or active (for example, seeking cases among partners of infected individuals).

Channel

The route of message delivery, for example, mass media, community or interpersonal; or the way condoms are distributed to specific outlets.

Clinician

A health care worker providing clinical management of a disease, including STD case management; may be a physician, nurse, medical assistant or auxiliary worker.

Colloids

Substances that can substitute for the osmotic activity of human plasma proteins. They are manufactured of non-human biological products, but they do not have oxygen-carrying capabilities. Examples of colloids are Dextran and Hydroxyethyl Starch Solution (HES).

Communication

Social process of sharing or exchanging information between two or more persons by interpersonal (face-to-face) interaction or other media such as newspapers, radio or television broadcasts, brochures or posters, or words and symbols (pictures, sounds).

Communication research

An investigation of the factors and situations that will affect the communication component, including the characteristics of the audiences, the communication networks available, resources available, the feasibility and desirability of the behaviours being promoted, and the effectiveness of given strategies and materials. It is the basis of planning and implementing effective communication activities.

Community surveys

These are usually regionally and (sometimes nationally) focused investigations. *Household surveys* collect information from a representative sample of a population and are conducted by trained interviewers who go to the dwellings in a selected geographic area for face-to-face interviews. *Targeted population surveys* collect information about a population of particular interest and are carried out in locations where these populations can be found.

Comprehensive programme reviews

Assess the relevance and adequacy of the national plan and existing policies, adequacy and appropriateness of the structure of the national AIDS programme, progress toward targets, and the efficiency of prevention and control activities. The objective of a review is to identify achievements and problem areas and to recommend solutions to problems. Reviews also assess the adequacy of management information systems. Internal reviews are usually done by country staff every year and external reviews are done every two to three years by staff outside the programme.

Confidentiality

The provision of protection of personal data and test results in order to ensure the rights and the welfare of the individual from whom such data are collected. Only the individual and the health professionals directly involved in the care of the individual are aware that certain tests were performed and can have access to test results. This information is not furnished under any circumstances to other health care providers, health authorities, employers, insurers, schools or other third parties without the individual's explicit consent. See testing.

Counselling

Dialogue between a person in need and a care provider with the aim of reducing the stressful impact of HIV/AIDS on the individual and preventing transmission of HIV infection. Information, education and psychological support are given in a way which allows the individual to make decisions that facilitate preventive behaviours.

Crystalloids

Electrolyte solutions used in place of plasma that mimic the interstitial fluid. They do not have oxygen-carrying capabilities. Examples of crystalloids are 0.9% Sodium Chloride Solution and Ringer's Lactate Solution.

Cunnilingus

The licking and/or sucking of the female genitals by a man or a woman.

Denominator

The bottom number in a fraction. For example, the denominator in the fraction 51/100 is 100. It signifies the whole, of which the numerator is a part. For example, if 51/100 is the proportion of the population with access to condoms, this means that out of 100 people, 51 have access to condoms.

Discordant couples

Sexual partners with differing HIV status: one partner is HIV-positive and one partner is HIV-negative.

Discrimination

To make a distinction or to apply a measure which has a disproportionate impact or to give unfair treatment, on a categorical basis, for example, on the basis of a person's sex, sexual orientation, ethnicity, nationality, religion or any other such status, actual or assumed.

Distribution outlets

The locations (points) where targeted audiences can purchase or obtain at no cost a range of condom products. For example, condoms may be available through one or more of the following outlets: commercial establishments such as pharmacies; non-traditional markets such as bars, hotels or taxi drivers; community outlets such as door-to-door sales in rural areas; and health facilities such as clinics, hospitals and mobile units. Social marketing programmes utilize many of these outlets.

Elements of safer sex

Specific behavioural recommendations and goals for the achievement of safer sex. The range of actions people could take in response to the particular intervention "promote safer sexual behaviours". There are five elements: consistent condom use; reducing the number of partners; practising mutual fidelity; engaging in safer sexual acts, including delaying the age at first intercourse; or abstaining from sex.

ELISA

(Enzyme linked immunosorbent assay). A serological testing method for detecting antibodies to HIV.

Epidemiology

The study of the incidence, distribution and determinants of an infection, disease or other health-related event in a population. Epidemiology can be thought of in terms of *who*, *where*, *when*, *what* and *why*. That is, *who* has the infection/disease, *where* are they located geographically and in relation to each other, *when* is the infection/disease occurring, *what* is the cause, and *why* did it occur.

Evaluation (programme evaluation)

The process of collecting and analyzing information about the effectiveness and impact of any particular phase of the programme or the programme as a whole. (For process evaluation, see monitoring.)

Feedback

A verbal or non-verbal reaction to a message that has been received. For example, a supervisor is giving verbal feedback when he tells a health worker that the patient record he just completed is accurate. A counselor is giving non-verbal feedback when she smiles and has eye-contact with a client who has just thanked her for being helpful and caring.

Fellatio

The licking and/or sucking of man's penis by a man or a woman.

Flowchart

A chart which shows the steps that need to be taken to perform a task. See **algorithm**.

Focus group interview

An interview conducted with a group of 8-10 people, either from similar backgrounds or having similar interests or experiences, who are brought together to discuss or explore a specific topic of interest to a researcher, programme developer, health professional or peer educator. The group is guided by a moderator (or trained interviewer) who introduces topics for discussion and who helps the group to participate in a lively and natural discussion.

Formative research

Evaluation research conducted during programme development. May include state-of-the-art reviews, pre-testing messages and materials, and pilot testing a programme on a small subset of the target audience before implementation.

Goal

A broad term of general classification encompassing objectives, programme targets, and activity targets which are examples of different levels of goals.

Guidelines

Information that provides direction in conducting activities to achieve a particular end or defines national norms of prevention and care.

HIV

Human immunodeficiency virus. HIV is the virus that causes AIDS. It is classified as a lentivirus in a subgroup of the retroviruses. There are two known types of HIV at present:

- HIV-1 is the first human immunodeficiency virus identified; now found worldwide.
- HIV-2 is the second human immunodeficiency virus identified; thought to be less communicable than HIV-1 and to have a longer asymptomatic phase. At present, HIV-2 is endemic in west, central and southern Africa and India.

HIV-infected person

See person with HIV infection.

HIV infection

Infection with the human immunodeficiency virus (HIV). HIV infection is primarily a sexually transmitted infection, passed on through unprotected penetrative sex. The virus can also be transmitted through blood transfusions, the use of unsterilized injection equipment or cutting instruments and from an infected woman to her foetus or nursing infant. While some individuals experience mild HIV-related disease soon after initial infection, nearly all then remain well for years (see **asymptomatic HIV infection**). Then, as the virus gradually damages their immune system, they begin to develop illnesses of increasing severity. See **AIDS**.

HIV-related disease

A disease characterized by an impaired immune system and various combinations of symptoms and diseases, such as diarrhoea, fever, wasting, fungal infections, tuberculosis, pneumonia, lymphoma, failure to thrive and Kaposi's sarcoma.

HIV sentinel surveillance

The systematic collection and testing of blood from selected populations at specific sites, for example, pregnant women attending antenatal clinics, for the purpose of identifying trends in HIV prevalence over time and place. This is carried out according to a procedure called **unlinked anonymous testing**. See **testing**.

HIV testing

See **testing, simple HIV test and rapid HIV test**.

Immunodeficiency

The inability of the immune system to satisfactorily protect the body, which results in an increased susceptibility to various cancers and opportunistic infections.

Impact measures

Evaluation processes used to identify whether and to what extent an activity contributed to accomplishing the stated programme targets.

Incidence

The frequency of new infections during a designated time period expressed as a proportion of the population at risk of the infection, disease or other health-related event.

Incubation period

The time interval between infection and a) seroconversion, b) the onset of the clinical signs or symptoms of HIV-related disease or c) onset of AIDS. The term should always be used with reference to one of these specific events.

In-depth interview

A form of qualitative research consisting of intensive interviews to find out how people think and feel about a given topic.

Indicator

A number, proportion, percentage or rate that suggests or measures the extent of some programme achievement, or the level of some condition in the population. When a desired level of achievement is stated for an indicator, it is a target. Examples of indicators are: HIV prevalence among prostitutes, proportion of young people with knowledge of HIV prevention practices, percentage of facilities in which health staff practise correct STD management.

Infectiousness

The relative ease with which a disease is transmitted. The degree of infectiousness of HIV varies widely over the incubation period and is probably highest when people are first infected (prior to development of antibodies) and when they are symptomatic.

Insertive partner

In penetrative sex (that is, vaginal intercourse, anal intercourse or fellatio), the partner who inserts his penis into the body of the other (receptive) partner.

Integrated STD services

STD case management incorporated within general health care services.

Intercept interview

Interviews conducted with respondents who are stopped at a location that is highly populated and frequented by individuals typical of the desired target audience.

Interpersonal

Direct communication between two or more people in which immediate feedback

(two-way communication) is possible.

Intervention

A set of activities through which a strategy is implemented. For example, promoting safer sexual behaviours is one intervention to reduce sexual transmission of HIV.

Intravenous

Within a vein or veins. The introduction of a solution into a vein, usually through a needle.

Invasive

Used to describe any practice which involves the insertion of an object or instrument *into* the body. A general example is tattooing (during which intact skin is pierced). In medicine, an invasive procedure is any procedure which involves the placing of an instrument into the body cavities or which requires the piercing or puncturing of intact skin.

KABP study

Study of the audience's knowledge, attitudes, beliefs and practices (KABP) related to a specific product, service or behaviour. This type of study has typically examined individual variables through quantitative methods (surveys).

Key informant

A person with "inside" information about a topic, such as a prostitute who can give information on how prostitution operates or on client behavior with regards to condom use.

Low-risk blood donor

A person who is at low or little risk of carrying infectious agents in his blood.

Mass media

Systems or instruments of communication, such as radio, television and newspapers, intended to reach all or specific segments of heterogeneous and geographically dispersed audiences with uniform messages.

Monitoring (process evaluation)

The process of collecting and analyzing information about implementation of the programme. It involves regular checking to see whether programme activities are being carried out as planned so that problems can be discussed and dealt with. Monitoring helps to follow progress of planned activities, identify problems, give feedback to staff and solve problems before they cause delays. (For programme evaluation, see **evaluation**.)

Multisectoral

Involving more than just one category (or sector) of government or society. Multisectoral involvement could describe, for example, the involvement of different ministries (for example, ministries of health, education or labour) and/or of various types of public or private agencies such as professional bodies, non-governmental organizations or trade unions.

Non-regular partner

Any sexual partner other than a spouse or someone with whom one has been having sexual relations for more than 12 months.

Nosocomial infection

An infection occurring in a patient in a hospital or other health care facility that was not present or incubating at the time of admission.

Numerator

The top number in a fraction. For example, the numerator in the fraction 51/100 is 51. It signifies the number of the parts of the denominator that meet a particular criteria. For example, if 51/100 is the proportion of the population with access to condoms, this means that out of 100 people, 51 have access to condoms.

Objective

A broad unquantified statement of achievement toward improving health status, specifying what should be accomplished in general terms. Examples of WHO/GPA objectives are to prevent HIV infection and reduce personal and social impact of HIV infection.

Operational research

Research which focuses on the technical aspects of an intervention, and which is designed to provide guidance on the best ways of making an intervention work.

Opportunistic infections

Infections that are caused by microorganisms which the body's immune system is normally able to fight off. When the immune system is weakened or destroyed, as in HIV infection, opportunistic infections can then take hold. For example, oral thrush is caused by a fungus which is normally found in the mouth but which does not usually cause infection in people with a healthy immune system.

Outcome measures

Evaluation processes designed to identify whether the activities had an effect on the target population.

Output

Quantity of items used to carry out activities or a quantified result of carrying out a task. Examples of outputs are numbers of personnel trained and numbers of condoms distributed.

Palliative care

Affording relief of symptoms but not a cure for AIDS.

Partner notification

The spectrum of public health activities in which sexual partners of individuals with STD are notified, advised of their possible exposure to infection and offered services.

Percentage (%)

The relationship of a part to a whole expressed in hundredths. For example, 25% = 0.25 = 25/100.

Performance

The behaviour of a health worker in carrying out a task as assessed by comparing current practice with established standards. An example of performance is clinicians diagnosing and treating STD patients. The standard is the national guideline.

Perinatal

Pertaining to or occurring during the periods before, during or shortly after the time of birth; that is, before delivery from the 28th week of gestation through to the first 7 days after delivery. The transmission of HIV from an infected woman

to her foetus or newborn child is referred to as perinatal transmission.

Person with HIV infection

An individual infected with HIV; also called a person who is HIV positive or a person who is HIV seropositive. As soon as an individual becomes infected, he or she is capable of infecting others through sex, blood and perinatally. HIV infection is lifelong.

Policy

A written statement of course or method of action selected from among alternatives and used to guide and determine present and future decisions.

Pooling techniques

The combining of up to five sera for anti-HIV screening in order to reduce the cost of screening blood donations. Pooling techniques can only be carried out where there is a low prevalence of HIV in the population and the technique has been validated as both sensitive and specific.

Pre-test

A type of formative research that involves systematically gathering target audience reactions to messages and materials before they are produced in final form.

Prevalence

The proportion of a defined population with the infection, disease or other health-related event of interest at a given point or period in time. *Point prevalence* is the proportion of a population with a disease at a specified point in time. *Period prevalence* is the total proportion of a population known to have had the disease at any time during a specified period.

Preventive measures

Measures aimed at stopping the sexual, bloodborne and perinatal transmission of HIV. For example, preventive measures aimed at decreasing sexual transmission include:

- education to encourage people to avoid high-risk sex
- prevention and treatment of other sexually transmitted infections
- measures to make the environment, or overall situation, more supportive of safer sex, for example, a policy decision that condoms should be provided free in all hotel rooms

Programme indicator

A measure of the extent of some programme achievement. A programme indicator can be a proportion, percentage or rate. Examples are "proportion of individuals seeking STD care in health facilities who were assessed and treated in an appropriate way (according to national standards)" and "proportion of people aged 15-49 who can acquire a condom."

Programme targets

Quantified goals for achievements of the programme as a whole. They often encompass an entire intervention or more than one intervention. The achievement of programme targets contributes to the achievement of health targets. Examples:

By 1996, 50% of people aged 15-49 who have sexual intercourse of risk will report using a condom during the most recent act of sexual intercourse of risk.

By 1996, 85% of the population aged 15-49 will be able to cite at least two acceptable ways of protecting oneself from HIV infection.

Proportion

The relationship of a part to a whole. When written as a fraction, the numerator signifies the part, and the denominator signifies the whole. Proportions also can be written as a decimal fraction or percentage (for example, 0.17 or 17%).

Prostitute

A prostitute is an individual who engages in direct sexual activity with another person in exchange for money, goods and/or drugs. The term includes those who earn money through sexual labour on a professional, regular basis, as well as those who do it casually or informally, or on an intermittent basis. Prostitutes can be male, female or crossgender (for example, transsexuals, transvestites); they can be adults, adolescents or, sometimes, children. See **sex work**; **sex worker**.

Protocol

A plan or strategy for a scientific investigation or medical treatment. In the context of scientific research the term often refers to a description of the study to be undertaken, incorporating the objectives and research methodology.

Provider survey

This type of survey periodically evaluates the performance of health services, such as in clinical management of HIV-related disease, case management of STD or

education on HIV prevention and distribution of condoms at specified outlets. A sample of these providers (for example, antenatal clinics, STD health facilities, pharmacies, brothels or hotels) is surveyed using a standard protocol for data collection. Observation, review of the physical facilities and interviews with both providers of care and, where possible, patients or clients are carried out to evaluate the correct standards of care. A provider survey can be carried out for the private as well as the public sector.

Rapid HIV test

Any test for detecting antibodies to HIV infection that does not require sophisticated equipment but takes considerably less time to perform than an ELISA or simple test, usually less than 30 minutes. An example of a rapid HIV test is the membrane capture HIVchek Test PAK. See **simple HIV test**.

Rate

A measure of the frequency of some event in a defined population during a given time period. Rates can be expressed as decimal fractions, as percentages or, for example, as a number per 1000 or 100 000 population.

Receptive partner

In penetrative sex (that is, vaginal intercourse, anal intercourse or fellatio), the partner into whom the penis is inserted.

Regular blood donor

Someone who donates blood at least once a year. In some centres, there is a requirement of at least two donations per annum. If a donor does not donate for more than a year he or she becomes a lapsed blood donor and will be reintroduced as a first time donor. Regular blood donors are recognized as those who give on a regular basis. The international recommendations for intervals between donations are three months for men and four months for women between the ages of 18 and 60.

Risk factors

Conditions or behaviours which make it more likely that a person will become infected with HIV. These factors might include a) involvement in any sexual relationship other than one which has been mutually exclusive and HIV-negative for a sustained period of time; b) presence of STD; c) injecting drug use; d) history of blood transfusions; skin-piercing, invasive, surgical or dental procedures that were done under possibly unsterile conditions or with contaminated blood or blood products; e) sexual intercourse with a partner who has any of the risks listed in b, c, and d.

Routine reports

Reports of certain information items submitted on a regular basis by all or most reporting sites in an area. Useful periodic records and reports to review for monitoring purposes might include stock reports of condom inventory, monthly reports of STD cases from health facilities, stock reports of STD treatment drugs, and quarterly supervisory reports on correct assessment and treatment of urethritis by nurses in health centres. Reporting from a sample of all sites, sometimes called "sentinel" reporting, may be particularly useful.

Safer sex

Any sexual practice that aims to reduce the risk of passing HIV from one person to another. Examples are non-penetrative sex, or vaginal intercourse with a condom. During unsafe sex, on the other hand, fluids that can transmit HIV (semen, vaginal fluid or blood) are introduced into the body of the sex partner.

Screening

The systematic laboratory testing of donated blood, blood products, tissue (including sperm) and organs for the purpose of preventing HIV transmission to a recipient. Also see **testing**.

Sensitivity (of HIV test)

A measure of the responsiveness of a test to the presence of HIV infection. An HIV antibody test with high sensitivity will have few falsely negative results because it will detect even very low levels of antibody, but it may also identify some people as being positive for HIV antibody when in fact they are not (falsely positive). See **specificity**.

Serological test

Any of a number of laboratory tests that are performed on the clear, liquid portion of blood (serum).

Seroprevalence (HIV, STD)

The percentage of a population from whom blood has been collected that is found, on the basis of serology, to be positive for HIV or other STD agents at any given time.

Serosurveillance

See **HIV sentinel surveillance**.

Sex work

The trade of sexual acts or services for money or goods on a formal, regular and professional basis or an informal, intermittent and casual basis. It is a broader term than "prostitution" which is often stigmatizing and therefore may be used reluctantly. Sex work is often called by names which disguise the real nature of the trade, such as "entertainment", "hospitality", "massage", "escort". As compared with "prostitution", sex work can be used to describe all forms of employment in the sex work industry, including owners, managers and organizers of sex work establishments.

Sex worker

A person who trades sexual acts or services for money or goods.

Sex work client

Someone who purchases sexual acts or services for money or goods.

Sexually transmitted disease (STD)

A disease resulting from an infective agent which is usually transmitted by sexual contact (for example, *Neisseria gonorrhoea*) or where sexual contact is a significant mode of transmission (for example, hepatitis B).

Simple HIV test

Any test for detecting antibodies to HIV infection that does not require sophisticated equipment but usually takes as long as a conventional ELISA to perform. An example of a simple HIV test is the particle agglutination test. See **rapid HIV test**.

Social marketing

Application of private sector marketing techniques to the sale of products, such as condoms, that fulfill a social objective. Marketing refers to having the right product at an accessible place at an affordable price with appropriate promotion to one or more targeted audiences.

Special studies and surveys

Studies that assist in understanding specific operational issues, for example, drug resistance studies or a pilot study of a prevention strategy, such as peer education for HIV prevention in prostitute populations, where the results will eventually assist in deciding whether or not to expand the approach on a national scale.

Specificity (of HIV test)

The accuracy with which a test can detect the presence of a particular substance, such as antibodies to a particular organism. A test with high specificity will have few false positive results. See **sensitivity**.

STD case management

Overall provision of care for a person seeking medical treatment for STD, including diagnosis and treatment, health education for compliance and prevention of future infection, provision of condoms and recommendation of partner notification.

STD case management guidelines

Written procedures to assist health care providers in the diagnosis and treatment of STD and in the instruction of patients regarding treatment compliance, prevention of future infection, use of condoms and partner notification.

STD control programme

An organized set of comprehensive primary and secondary prevention activities designed to reduce the incidence and prevalence of sexually transmitted diseases. Primary prevention includes information, education and communication about preventive behaviours and promotion and distribution of condoms. Secondary prevention includes provision of services for diagnosis, case management, case finding and promotion of health care seeking behaviour.

Stigmatize

To regard or treat people as shameful, disgraceful or discredited because of a difference (real or imagined) from perceived social "norms". People with HIV infection or AIDS, or those close to them, are often stigmatized on the basis of pre-existing prejudices or on "moral" grounds not necessarily related to the infection itself. For example, a man with AIDS may be stigmatized because of a pre-existing prejudice or moral value with respect to homosexuality.

Strategy

A major means of achieving an objective which may include one or more interventions. Prevent sexual transmission of HIV is an example of a strategy.

Supervisory visits/reports

Reports of visits by supervisors to oversee tasks and skills of workers, while correcting performance and output problems. Supervisory visits can be carried out through observation, exit interviews, record reviews or other ways of monitoring performance and outputs.

Supplemental HIV testing

The testing of a sample for a second time using a different test format having equal or greater specificity, in order to validate an initial positive result for HIV antibody. Such supplemental testing can be carried out either by repeating the initial test, using a different format, or by using another testing procedure. Because of the theoretical limitations of all testing procedures, the previous term "confirmatory testing" should be avoided.

Target audience

A segment of a population to whom messages and materials are directed.

Target population

People who are at risk of HIV infection. A country's population at risk can be divided into groups that can be identified in such a way so as to better plan for HIV prevention interventions and activities. These target populations can be described by common behaviours, practices and/or situations that place them at risk of acquiring HIV or of infecting others. They can also be described by demographic features such as age, sex, education, occupation and geographic location.

Task

One of a set of actions required to carry out an activity. "Estimate the number of condoms required for a given period of time" is an example of a task in assessing condom logistics and availability.

Testing (for HIV)

- (1) Laboratory testing, that is, application of an assay (for example, ELISA) for laboratory markers of HIV infection, such as HIV antibodies. The assay may be used in order to screen blood for transfusion or organs or tissue for transplantation (see **screening**), or in order to test an individual (see **testing (2)** below).
- (2) More broadly, the testing of individuals with the intention to determine their HIV infection status. All testing in this sense can be categorized along three axes:
 - (a) client-initiated, health provider-initiated, or initiated or required by a third party for other than health purposes;
 - (b) with or without informed consent; and
 - (c) anonymous, confidential or non-confidential. These terms are defined below.

Client-initiated testing: HIV testing requested by a client on his/her own initiative.

Health care provider-initiated testing: HIV testing initiated by the client's health care worker.

Testing initiated or required by a third party for other than health reasons: HIV testing for other purposes, such as immigration, employment or insurance.

Testing with informed consent: HIV testing performed only after the client has given informed consent to it. **Informed** in this context means that in discussion (pre-test counselling) the client has been made aware of all the ramifications of HIV testing, including the risks and benefits, as well as of alternatives to such testing, in language he/she can understand. Consent means the giving of express agreement to HIV testing in a situation devoid of coercion, in which the client should feel equally free to grant or withhold consent.

Testing without informed consent: HIV testing in which informed consent, as defined above, has not been requested and given.*

* "Routine testing" is sometimes used to mean the HIV testing of individuals without their knowledge, unless they specifically refuse such testing. Examples are routine testing policies applied by hospitals to patients, and sometimes applied to people attending antenatal or STD clinics. This term should not be used because it does not specify whether informed consent is requested and granted.

Mandatory testing: HIV testing without informed consent which the individual is compelled to undergo. The term refers both to situations in which the individual clearly has no alternative, as when prisoners are tested involuntarily, and to situations in which refusal of testing is not realistic or would cause the individual undue hardship, as when HIV testing is required prior to employment or marriage.

Anonymous testing: HIV testing in which the blood sample and test result are identified only by code, not by name, with no personal identifiers to link the sample to the donor source.

Linked anonymous testing: HIV testing in which the code is known only to the client.

Unlinked anonymous testing: HIV testing (for example, surveillance purposes) after prior removal of all personal identifiers, so that there is no way that the blood can be traced to its source.

Confidential testing: HIV testing in which only the client and the health professionals involved in the client's direct care know that the test was performed and have access to the test results. This information is not furnished under any circumstances to other health providers, health authorities, employers, insurers, schools or other third parties without the patient's explicit consent.

Non-confidential testing: HIV testing conducted neither anonymously nor confidentially.

Voluntary testing: Anonymous or confidential testing initiated by either the client or his/her health provider and performed with the client's informed consent.

Transfusion

The introduction of whole blood or blood components directly into the blood stream, usually into a vein.

Use

The extent to which people perform a desired behaviour, which may include using a product or service. Use is usually stated as a rate, that is, the proportion of a population that performs a behaviour or uses a service. Sometimes referred to as utilization.

Vertical STD services

Case management provided in a specialized facility or in a dedicated clinic in a general health care facility.

Virus

One of a group of minute infectious agents not resolved in the light of a microscope. They are characterized by a lack of independent metabolism and by the ability to replicate only within living host cells. Viruses contain DNA or RNA, but not both. Viruses are customarily separated into three sub-groups on the basis of host specificity, namely bacterial viruses, animal viruses and plant viruses.

Voluntary, non-remunerated donors

People who give blood, plasma or other blood components of their own free will and receive no payment for it, either in the form of cash or in-kind which could be considered a substitute for money. An example of in-kind payment is time off work, other than reasonably needed for the donation and travel. Small tokens, refreshments and reimbursement of direct travel costs are compatible with voluntary, non-remunerated donations and are not considered in-kind payments.

Window period

The time interval between infection with HIV and the appearance of detectable antibody to HIV in the blood.