

EDITORIAL

HIV AND AIDS : CAN WE DEVELOP A COMMON FRAMEWORK FOR ANALYSIS AND ACTION?

Inadapted responses to HIV and AIDS

People and institutions looking at the HIV/AIDS epidemic see different things, and hence respond differently, sometimes in contradictory ways. Over the 10 years of global response to the AIDS epidemic, various institutions within and outside the UN used their predominant paradigm to analyze, implement and even evaluate HIV/AIDS programs.

This led to severe deficiencies. Riding the wave of the historic success of the smallpox eradication, the public health establishment lived for quite a few years in the illusion that it similarly could "control" AIDS, by aiming at people as the passive targets for their interventions. But unlike smallpox, the "battle against AIDS" will not be fought at the point of the ped-o-jet nor of the bifurcated needle. It will be lost or won in the intimacy of the bedroom. Meanwhile, the development establishment is dismissing the notion that AIDS is a health problem, insisting that it is a development problem instead. This leads to the design of programs aiming solely at tackling the societal determinants of the epidemic, at the expense of immediate preventive actions. For instance, Myanmar screens only 23% of its blood supply for HIV. Lao PDR has yet to develop its condom distribution system.

There is a need to shift to a paradigm that provides an integrative understanding which... "opens the way for wider and more synergistic connections between HIV/AIDS interventions and other less obviously related interventions when the walls between the two at least in theory have been broken down. There is now more scope for organic rather than just mechanical, connections or integration..." (O'Shaughnessy, 1994)

Towards a holistic paradigm

Such organic integration can take place, if we consider people as the *subjects*, rather than the *objects* of the response to HIV and AIDS. People respond to HIV and AIDS in three capacities. First, they respond as private individuals, and determine

the private response. Second, they react to HIV and AIDS as citizens of their country, and determine the public response. Finally, they respond to HIV and AIDS within the framework of the institutions they belong to, and hence determine the effectiveness of the institutional response.

The private response. It takes a person with and a person without HIV to transmit HIV. To propagate, HIV relies primarily on the lack of an effective private response. Conversely, if private individuals, along with their households and their communities, integrate HIV and AIDS as a new element in their behavioral decisions, they will dramatically reduce the transmission of HIV in their midst. The private capacity to respond to HIV is however relative. It is influenced by their economic, social, cultural and political context, and by their ability to use HIV/AIDS related services to detect the virus, prevent, detect and treat of STDs, counselling services, treat opportunistic disease.

The public response. The primary function of the public response is to put in place the conditions for an effective private response. To deal effectively with HIV, private individuals need information, effective services and a supportive environment. They can, as citizens, ensure that their Government uses some of its policy instruments (such as Information, Education, Communication, taxation and subsidization, regulations and direct spending) to create the conditions for an effective private response.

The institutional response. While Government plays an essential role in creating the conditions for an effective private response, it has to rely on institutions of various kinds to put these conditions in place. Through its policies, Government can ensure not only that its own services build the private capacity to respond to HIV. It can also ensure that all institutions (business, NGO's, religious institutions, donor agencies) contribute to development of such capacity.

The private response to HIV and AIDS

Too often, policies and programs have focused

only on the individual and have omitted to focus on households and communities as essential elements of the private response to HIV and AIDS.

Individual responses: Because the HIV pandemic is new, and because AIDS has a long incubation period, HIV and AIDS are taking individuals and societies by surprise. In the long run however, people do respond to the experience of AIDS death in their midst. They adapt their sexual behavior to reduce their personal risk of becoming infected or of infecting others. They cope with the consequences of losing productive young adults, for instance by shifting their agricultural production to less labor intensive crops, or by getting the help of young girls who would otherwise go to school.

The household response: Individuals are not alone in their response to HIV. How they respond is primarily influenced by internal social structures within the household. A household is a dynamic, functional system in which relations between and within genders define the context of decision making. Households are characterized by internal social structures that are constantly changing because of migration, divorce, mortality. Moreover, they have porous external boundaries and are influenced by a wide system of networks through which important transfers of information and resources occur.

The analysis of the private capacity to respond to HIV must therefore focus beyond individual needs to include that of households. The household itself is at the center of the networks to which members belong, and through which they realize important transfers of information and resources to prevent HIV and care for those affected.

The community response: Communities represent the third dimension of the private response to HIV and AIDS. We do not refer here to the romantic view of the village as "the" community. Rather, we refer to the association of people sharing a common interest or objective. Individuals can belong to a wide variety of communities. For instance they belong to their neighborhood, as well as their sports club. These communities are characterized by the presence of gate-keepers or filters and opinion leaders, *ie* individuals who influence information

coming into the community and the decisions the community is taking.

The analysis of the private response therefore necessarily has to include the communities to which individuals belong, with a particular attention to gate-keepers/filters and opinion leaders, who influence household and individual responses to the epidemic.

The policy response to HIV and AIDS

Through their policy response, Governments either support or constrain the private and the institutional response to HIV and AIDS. Governments can wield their instruments of policy to ecological factors and services affecting the capacity of people to respond.

Policies focussed on people: HIV and AIDS related policies often reflect well intended, but isolated reactions to crises situations. For instance, faced with the urge to do something for People with AIDS, some countries have adopted Anti-Retro-Viral policies which they cannot afford. In other cases, countries are prohibiting sex work, rather than focusing on the needs of sex workers; they are prohibiting drug use, and ignored the needs of drug users. These policies further incapacitate the very people they intend to protect. Conversely, "policy packages" focused on the needs of people in various conditions may have a synergistic effect. Countries should consider undertaking a systematic review of the capacity of their people to respond to HIV, and adopt policy packages aimed at building such capacity.

"Policy packages" for people in various conditions: Fragmentation is probably the main characteristic of the policy response to HIV and AIDS. For instance, in one province, sex workers have access to STD services and to condoms, but no one helps them to find another way of earning a living if they so desire. In another province, they are arrested, and sent to jail, where wardens and inmates may use their services without protection.

What is needed, is a definition by each country of the whole set of policies and services people should have access to, so that they can respond

effectively to HIV. And what is true for sex workers is also true for each social category making out the fabric of any society: housewives, adolescents, businessmen, drug users,...

That fragmentation is even more obvious when it comes to considering the needs of People with HIV and AIDS. Policies often focus on medical care, rarely on comprehensive support to the person. And where are the preventive messages targeted at building the capacity of people who live with the virus, and are concerned about its transmission to their loved ones?

“Affordable policies”: Defining policy packages is not enough. Those packages need to be affordable: the country should be able to mobilize the financial resources required for their full implementation. Hence, each country should consider defining its policy packages, evaluating their costs if fully implemented, assessing their affordability under various financing scenarios.

Institutions: the link between policy and private response

People also respond to HIV and AIDS as members of the various institutions to which they belong. These institutions are the necessary transmission belt between the policy response and the private response. They represent a critical element for the effective implementation of policy. Executives in companies can decide whether or not to discriminate against employees who have HIV. Doctors can

accept or refuse to treat people with HIV and AIDS. Religious leaders can convey a message of inclusion and love, or a message of condemnation and discrimination.

A triple challenge

AIDS is not only challenging our private behavior. It is also challenging our behavior within institutions, and our behavior as citizens. Our response to HIV and AIDS will be effective if we can act consistently in these three capacities. As private people, we can act responsibly, thereby reducing the probability of getting infected and of infecting those we love. As citizens, we can ensure that our governments put in place the policies that enable all of us to respond effectively to HIV and AIDS. As actors within the institutions to which we belong, we can make sure that these policies are effectively implemented.

A Minister of Health in South East Asia once told me: “There is currently no medical solution to HIV/AIDS. Our challenge is to instill compassion within our people. How does one do that?”

Jean-Louid Lamboray
UNAIDS, Bangkok

References

O’Shaughnessy T. Beyond the fragments : HIV/AIDS and poverty. Issues in global development. World Vision Australia Research and Policy Unit 1994; 1 : 91.