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AIDS ORPHANS:
TOWARDS AN ACTION PLAN FOR GOING TO SCALE

Interagency Meeting on Children Affected by HIV/AIDS

A meeting hosted by the Francois-Xavier Bagnoud US Foundation
and the Harvard Center for Population and Development Studies

February 15-16, 2000

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THE FRANÇOIS- XAVIER BAGNOUD US FOUNDATION

The François-Xavier Bagnoud Foundation is dedicated to international humanitarian action. It was created in 1986 by the Countess Albina du Boisrouvray to support wide-ranging philanthropic ventures through direct funding and the activities of the Association Francois-Xavier Bagnoud. Full details of the Foundation's work for children affected by HIV/AIDS are available at www.fxb.org. Suzi Peel (Executive Director) can be contacted directly on +1 617 432 3511.

*

HARVARD CENTER FOR POPULATION & DEVELOPMENT STUDIES

(Human Security Program)

The Human Security Program is a multidisciplinary program studying the international response to humanitarian crises. It is based at the Harvard Center for Population and Development Studies of the Harvard School of Public Health. Its fields of research include conflict prevention strategies, mediation techniques in armed conflicts, the protection of civilian populations in conflict areas, and the impact of population displacement on public health. It currently provides advisory services to governments and international organizations on conflict prevention and humanitarian response strategies, public health strategies in migration and conflict situations, the targeting of sanctions, and mediation.

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AIDS ORPHANS: ACTION PLAN FOR GOING TO SCALE

Interagency Meeting on Children Affected by HIV/AIDS

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AIDS ORPHANS: ACTION PLAN FOR GOING TO SCALE

Interagency Meeting on Children Affected by HIV/AIDS

A meeting hosted by the Francois-Xavier Bagnoud US Foundation and the Harvard Center for Population and Development Studies, February 15-16, 2000

EXECUTIVE SUMMARY & TIMELINE

The growing number of children orphaned by AIDS presents an unfolding humanitarian crisis which will weigh heavily on the HIV/AIDS agenda in the coming decade. Nonetheless, coordinated structures and policies to meet the needs of children have yet to be put in place and the global effort may flounder. Child issues have the potential to be engines of development, but an absence of collaboration, direction and leadership has meant piecemeal service delivery and minimal political attention.

However, many signs are positive. Recent political interest has presented a 'window of opportunity' for concerted collective action: agencies, NGOs and professionals working for children affected by AIDS must move quickly to define priorities and to channel resources rapidly and effectively to those who need them most. The global effort must move to scale with the epidemic, and ways must be found to mobilize and deploy all available resources.

This interagency meeting tackled the problem of collaboration with three distinct objectives in mind: to describe the current global situation, to define common goals and to prescribe next steps. Those working in the field must present a common agenda to leaders and policymakers around the world, beginning at the XIIIth International AIDS Conference (Durban, July 9-14, 2000) and continuing through a mediation and liaison framework to be developed over the coming few months.

The common agenda should center on four key areas: child welfare, community development, organizational policy and planning and informed, targeted leadership. Panel members will promote this agenda through advocacy and mediation, and it is hoped that by the time of the follow-up meeting in May 2000 all members will have a clear idea of how a functioning framework for interagency collaboration can be developed, sustained and directed effectively towards the needs of orphans and children affected by HIV/AIDS.

AIDS ORPHANS: ACTION PLAN FOR GOING TO SCALE

Interagency Meeting on Children Affected by HIV/AIDS, February 15-16, 2000

#1. INTRODUCTION

The interagency meeting was brought together to promote cooperation and to strengthen alliances. By 2010, the world expects children orphaned by HIV/AIDS to number over 40 million, but policies and structures are not yet in place to guarantee an effective and collaborative global response.

The participants aim to encourage effective action for orphans and children affected by AIDS. They hope to do so by broadening public recognition of the ongoing humanitarian situation, by facilitating discussion and consensus building between involved professionals, and by mobilizing resources, research and wider political support.

To this end the group addressed three clearly defined issues:

(1) the need to match the global response to the scale of the emergency;

(2) the absence of a clear and distinct sense of direction for national and international effort;

(3) the inefficiency or ineffectiveness of an uncoordinated distribution of programs and resources.

This report documents the substantial progress made during the meeting on each question. It summarizes the collective view of the current global situation (Section #2) and presents the group's consensus on where future efforts should be directed (Section #3). It also offers a firm set of proposals about what specific steps should be taken from this point on (Section #4), and it is expected that this will form a provisional timetable for the group over the next twelve months at the least.

Together, the following three sections constitute a strategic plan of action. They lay out an analysis of the present global situation, a proposed vision of how that situation should be changed and improved, and a concrete agenda for moving forward. It is hoped that this summary will be useful to professionals both inside and outside of the panel – the conclusions of the meeting should serve as a tool for raising awareness not only of the unfolding global emergency, but more immediately in generating support for a rapid move towards interagency collaboration, lesson sharing and the expansion to scale of the global response.

#2. SITUATION ANALYSIS

This section presents the group's view of the current global situation – that is, of the humanitarian emergency presented by growing worldwide numbers of orphans and children affected by AIDS. The panel's analysis is strategic rather than technical: it does not enter into the complexity of operational design but rather identifies certain critical areas for collective action. This was a necessary preliminary to discussion of long term strategies for managed advocacy and operational efficiency.

Summary of strategic position: engine of change or cottage industry?

The current outlook for orphans is bleak, but a rare window of opportunity has been presented: in December 1999 and January 2000, attention turned to 'AIDS orphans' in the media and in the international political arena, offering the prospect of widespread support for concerted and collaborative global action. At the same time, the level of public awareness is rising, and with it the potential to mobilize organizations, resources and leadership. This potential is due, in part, to the greater ease with which child issues enter into public debate, when compared to other traditional AIDS-related policy questions (which have proven difficult to discuss openly when issues of sexuality are involved).

In principle, orphan and child-oriented programs and policies should be relatively simple to build support around: the UNICEF/WHO immunization campaigns in the 1980s showed that international actors could be mobilized to work together to prevent child deaths. Combined with the pressing reality of the AIDS situation (orphans are predicted to number 40 million by 2010), the readiness of policy makers to discuss the orphan issue makes it possible that in the next decade child-oriented programs will again serve as the engine of progress in the health and development field. One reason for this is the emerging consensus over what to do: "it's not a mystery how to make things better", it was observed, "the catch is organizing the resources to do it."

This is a significant hurdle, but the implication is not that resources are unavailable – anecdotal reports are of more funding than can be spent – but rather that there is a lack of alignment and communication between donors and beneficiaries which is making it difficult to move the global response to scale. The rapidity with which the orphanhood issue has attracted public attention belies the slow pace of development of institutional links and mediation frameworks – frameworks that would ensure the efficient and effective deployment of research, resources, planning and field level program effort. The result in the interim has been the emergence not of a well-organized global response, but rather of a 'cottage industry' characterized by intermittent excellence but also dissipation and a failure to set sights ambitiously or to build on past successes.

Under these circumstances, the group fears that the window of opportunity will be missed and that orphans and children affected by AIDS will slip from the development policy agenda. Added to this is the threat of compassion fatigue among donor agencies and governments, which if combined with a perception of relief and development

organizations as unproductive and competing against each other may mean that global attention is diverted to more manageable but ultimately less pressing short term issues – emergencies are a case in point.

In summary, it is not thought that the window of opportunity will last for long. The coming year presents several specific occasions for collaboration around the theme of orphans and vulnerable children, and these must not be missed: the XIIIth International AIDS Conference in Durban (9-14 July 2000) offers a chance to launch the interagency effort publicly; new funding avenues may be opening up through public and private avenues such as the LIFE initiative; specific program models are gaining acceptability for child care and community development; and finally, long run prospects for debt relief increase the scope for effective intersectoral work with line ministries at country level. Consequently, the group considers that now is the time to take some firm and forward steps.

Table #1 – Summary of Situation Analysis

STRENGTHS

Human Situation
- Traditions of support in communities/families
- Children are resilient
- Orphans are committed to change

Advocacy
- Global awareness & professional interest are rising
- 'Increasing numbers' and growing momentum

Operations
- Good prototype programs exist
- 10 years of experience behind us
- Practitioners & the public have better insight into the political process

WEAKNESSES

Human Situation
- Children pay the price for delayed action
- Stigma & 'human nature'
- The wealthy are insulated & the poor are vulnerable

Advocacy
- Conflicting or unclear agendas – 'cottage industry'
- Low awareness of orphan issues & lack of leadership
- No focal point for orphan issues in the UN system
- Poor grasp of affected persons' needs in their own terms
- Pessimism surrounding African affairs

Operations
- Lack of funding, resources & scale
- Short time frames imposed by resource providers
- Poor capacity for strategic planning & research

OPPORTUNITIES

Human Situation
- Window of opportunity – now is the right time
- Strength of religious, social & economic networks
- Global 'connectedness' – donor and recipient nations may have a shared interest in promoting African stability

Advocacy
- Political interest and awareness are rising
- Orphans are a rallying point – US media poised to give voice
- Prominent potential advocates
- Professional steps to improve liaison – e.g. Listserve

Operations
- Improvements in prevention, therapy and care
- US fiscal law encourages philanthropy
- New funding initiatives
- Emerging models for planning & assessment (e.g. Lusaka)
- Prospects for Debt Relief

THREATS

Human Situation
- Children lack voice – they don't vote, lobby or spend
- War & conflict destabilize program efforts
- Negative attitudes – xenophobia, racism & sexism
- Complex psychosocial burdens
- Heavily affected zones emerging outside Africa

Advocacy
- Compassion fatigue among donors
- WHO/UN can be bottomless pits – funding systems need rationalization
- Emergencies divert attention from sustained efforts

Operations
- Rising HIV/AIDS prevalence
- Loss of life & capacity to HIV/AIDS itself
- Intersection between faith-based care and stigmatization
- Lack of planning and research
- Limited managerial capacity
- Virus mutates faster than programs adapt
- Corruption, burn out & turf wars

#3. DIRECTION FOR LONG TERM EFFORT

A significant failing of current efforts has been the lack of clear and simple long term aims. After discussion, the panel drew up a set of simple destination statements – broad enough to encourage consensus across a wide range of groups, but specific enough to remind workers and policy makers of the four key areas for collective action: child welfare, community development, robust policy & planning and personal leadership.

Those working with orphans and children affected by HIV/AIDS aim to build a world in which:

- *healthy and educated children are living at home and in appropriate supportive and protective communities;*
- *those communities are able to support family-based care for all children and young people, and to provide them with respect and opportunities;*
- *governments, NGOs and international bodies collaborate effectively at sub-national, national and regional levels to support community and family efforts to protect and care for all children;*
- *leaders in public life believe it is their responsibility and within their power to make life safer for orphans and children living in a world with HIV/AIDS, and act accordingly.*

The statement necessarily treads two fine lines. It balances the tension between separating out the orphan issue, for clarity and focus at the advocacy level, and the countervailing need for projects themselves to be fully integrated at the program level. Indeed, advocacy in the near future will play the paradoxical role of singling out orphans as those whose needs it is unusually important to integrate in broader health and development planning.

The second tension is felt between the joint aims of reinforcing the role of public leaders and "upstream policy makers" while at the same time strengthening the capacity of communities themselves. The stress on governments, NGOs, international organizations and public leaders should not be interpreted as a move towards greater centralization. Rather, the aim of the destination statement is to show the importance of alignment between up- and downstream players, and to stress the need for more effective communication and mediation between the two.

In an important sense, the destination statement tells a story we know already. However, what it contributes to a more effective campaign is a sense of clarity and urgency, and above all a framework for action. In the following section, the panel's recommendations for practical action are seen to relate closely to the four areas of the destination statement.

#4. AGENDA FOR ACTION IN THE SHORT AND MEDIUM TERM

This section records the group's specific recommendations for action in each of the key areas identified in the destination statement:

Child Welfare and Capacity Building in Communities

- Develop progress indicators: e.g. proportions in education, shelter, living at home
- Develop standards for those indicators & determine what constitutes success
- Build community capacity by channeling resources effectively

Governments, NGOs and International Organizations

- Identify key countries for a collaborative approach
- Foster consensual processes that lead to development of 'national business plans'
- Develop technical and financial capacity and link international donors to successful field work
- Promote mainstream care and encourage inclusion of orphan issues in wider impact assessments
- Disseminate guidelines for best practice

Global Leadership

- Establish mechanism for mediation between donors and recipients and for dissemination of resources
- Build support among (and mobilize) top leadership of governments and international agencies
- Explore human security and international political implications

These are steps designed to build a collaborative global response to the impact of HIV/AIDS on children. They relate to the categories identified in the previous section, but can also be divided into type according to the immediate action required: advocacy, coordination & dissemination, planning, research and resource mobilization.

Undertakings of individual members of the panel have been listed under these headings in the draft annexe ('Action.xls'). A provisional list of 'key actors' was also developed, but needs refinement.

#5. SUMMARY OF OUTCOMES AND DIRECTION FOR NEXT MEETING

(i) Summary of Outcomes

Substantial progress has been made towards a collaborative aim. Between now and the next meeting, the group will begin to act on the agreements reached at this meeting, and will stress the importance of the four areas for collective action: child welfare, community development, policy and planning and personal leadership.

(ii) Next Meeting: Washington D.C., May 4-5, 2000

At the next meeting the panel will aim to move forward again, this time on the two fronts of advocacy and operational research (and dissemination of information). The particular challenges will be to coordinate the following:

Advocacy and mediation
- agency strategies at the Durban conference (July 2000) to present a shared and non-conflicting agenda
- the development of and participation in a mediation structure for donors & recipients
- the targeting of key leaders for mobilizing effort for orphans and children

Operational research and information sharing
- the establishment and dissemination of key indicators for assessing progress
- the development of 'best practice' policy toolkits
- the targeting of selected countries for the lead development of national business plans

Microfinance
One of the two days will be devoted specifically to microfinance. (Jill Donahue)

(iii) A functioning framework by the end of May?

The meeting should also provide the chance to report on and/or redefine the specific targets set here. In general, it is hoped that by the end of May 2000 each participant will have a clear idea of how a functioning framework for interagency collaboration can be developed, sustained and directed effectively to the support of orphans and children affected by HIV/AIDS, and of how the global response may be raised to the appropriate scale.

PARTICIPANTS

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ANNEXE #1 – ACTION.XLS

Action	By whom	Timeframe (date to be done by)	Relevant Goal
February - April			
Durban: co-ordinate & implement presentations to move the field ahead after July	LS, SP, JW	February-00	Advocacy
CABA Listserve: initiate & promote mailing list	LS + Synergy	February-00	Dissemination, Coordination
Set up date & venue for next meeting	SP, SD	February-00	Coordination
Liaise with Indian AIDS representative	LF	March-00	Coordination
Develop strategy with Bill Harris and ST group	LF, BH	March-00	
Identify barriers between funders and implementors (for discussion at group fair)	SP, LF	April-00	Coordination, Resources
May - August			
Support CABA	MC, Virtual Youth Team, JW	May-00	Dissemination, Coordination
Update Children on the Brink	JW, SH	May-00	Advocacy, Research
Design a six month plan of action for taking advantage of the current window of opportunity	LF	May-00	Planning, Coordination
Identify a group of projects, researchers and donors for a coordination "fair" in May/June	SP, SH, HIID	May-00	Coordination, Resources
Incorporate an HIV/AIDS section on security program website & foster discussion	AC, HCPDS	May-00	Advocacy
Promote development of organization profiles	JW, USAID	June-00	Dissemination, Coordination
Prepare case study on ethical issues related to orphans and research programs, for post-Durban conference	AC, LS	June-00	Research

/...promote resource mobilization

Promote resource mobilization	MMB, UNDP	June-00	Resources
Work with NetAid in build up to Durban	MMB	June-00	Coordination, Resources
"AIDS 101": educate non-health workers in HIV/AIDS issues	SD, World Bank	August-00	Advocacy, Capacity Building
Liaise with donors to prioritize/shortlist country strategies	LF	August-00	Coordination
Engage expats & local leaders	LF	August-00	Advocacy
Identify private foundations & recruit into AOVC co-funding	LF	August-00	
Take existing information on successful approaches and "translate" into terms that will resonate with at least two leaders/decision makers in and out of USAID	LF	August-00	Dissemination, Advocacy
Coordinate for Durban	SP, ML, LF	August-00	Coordination, Dissemination

November - December

Regularly brief MTV and Global Business Council on orphan issues & opportunities	MC, Rockefeller	November-00	Advocacy
Orient new staff members in orphan issues	MC, Karin L.	November-00	Dissemination
Facilitate networking for African orphan meeting in Zambia in October/November	MC, USAID, MMB, SD	November-00	Advocacy
Review situation in Uganda	JW	November-00	Research
Update 1995 draft situation analysis paper	JW	December-00	Research
Lobby Congress on orphan issues	BH	December-00	Advocacy
Discuss with UN statistical office possibility for review of existing global system for data collection, analysis and dissemination	SH	December-00	Dissemination, Planning
Prepare paper on "tools" for action and hold experts meeting on UFO (Universal Framework of Objectives)	SH	December-00	Capacity Building, Research, Coordination
Prepare policy document on North-South dialogue	AC, Swiss Cooperation Agency	December-00	
Build consensus at "upstream policy level"	MMB	December-00	Advocacy
Contribute to 'marketplace event'	MMB	December-00	

/...January 2001

January 2001 -

Push for sharing assessments & plans to implement new comprehensive country initiatives	-	January-01	Planning
Leverage resources	World Bank, USAID, UNDP, UNICEF, FXB	January-01	Advocacy, Resources
Country teams to make certain that HIV/AIDS and children's issues are integrated into all Bank operations	World Bank	February-01	Advocacy
Identify existing resources and initiate funding	LF	February-01	Resources
Design a two year plan of action for taking advantage of the window of opportunity and creating a new one	LF	February-01	
Enter into co-funding relationships	LF, USAID	August-01	Resources, Coordination

January 2002 -

Analyze & present "lessons learned" from USAID supported programs	LS + Synergy	February-02	Dissemination, Research
Put together Program Assessment Guide	SH	February-02	Planning
Study AIDS pandemic as a human security issue	AC	February-02	Research, Advocacy

January 2003 -

Build capacity within countries and agencies	SD, MMB, LF	February-03	Capacity Building
Provide technical support to SCOPE in Zambia	JW	February-03	Capacity Building
Lobby Congress for increased foreign aid	BH	February-03	Resources
Advocate creation of a Training Institute for Community Leaders	SH	February-05	Capacity Building

/...Long term (or undated)

Long term (or undated)

Written newsletter: investigate possibility?	LS	-	Dissemination, Coordination
Develop guidelines to help field-level implementors design and assess effectiveness (quantitative and qualitative) and (cost) efficiency of interventions in a clear, simple and useful manner	LS, JW, SH + Synergy	-	Dissemination
Develop new models for program implementation	-	-	Research
Provide technical input to MTV and Nickleodeon	MC, SD	-	Advocacy
Run assessment workshop	LF	-	Dissemination, Capacity Building
Internal and external campaigning to "eliminate lack of awareness as an excuse for inaction"	SD, World Bank	(ongoing)	Advocacy
Build intermediate mechanism between donors & projects	SP	(ongoing)	Coordination
Use Human Security program as a platform for research and advocacy	AC, Claude Bruderlein	(ongoing)	Research, Advocacy
"Provide inputs as requested"	MMB	(ongoing)	-

April 5, 2000

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TOTAL 4 PAGES

Dear Colleagues,

Sandra Anderson kindly shared with me the attached draft of indicators for evaluation of impact.

Perhaps we can put this on the agenda for our May meeting.

Warm regards,

Suzi

Suzi Peel
FXB US Foundation, Executive Director

→ To May mtg

DRAFT

from Sandra Anderson

Table 3: Overview of indicators by programme area, methods package, indicator level and priority for different epidemic states (C=Core indicator; A=Additional)

Indicator		Package	Level	Priority	
				General-ised	Conc./ Low
Policy					
1	AIDS Programme Effort Index	2	Context	C	C
2	Spending on HIV prevention	*Under development*			
Condom accessibility and quality					
1	Condoms available, nation-wide	2	Input	C	C
2	Condoms available, retail	2	Output	C	A
3	Condom quality	2	Input	C	C
Stigma and discrimination					
1	Accepting attitudes towards HIV-infected people	1	Context	C	A
2	Employers not discriminating against those with HIV	*Under development*			
Knowledge					
1	Knowledge of HIV prevention	1	Output	C	C
2	No incorrect beliefs about AIDS	1	Output	C	C
3	Comprehensive knowledge about AIDS	1	Output	C	C
4	Knowledge of HIV prevention among MSM	1	Output		C
5	Knowledge of HIV prevention among IDUs	1	Output		C
6	Knowledge of MTCT	1	Output	C	C
7	Knowledge that MTCT can be prevented	1	Output	C	A
Counselling, HIV testing and referral					
1	Population requesting HIV test and receiving results	1	Output	C	A
2	Districts with VCT services	3	Input	C	
3	Quality pre and post HIV test counselling and referral	3	Output	C/A	C/A
4	VCT centres with conditions for quality service	3	Input	A	A
Mother to child transmission					
1	Pregnant women counselled and tested for HIV	1	Output	C	
2	ANC clinics offering or referring for VCT	3	Input	C/A	C/A
3	Quality HIV counselling for pregnant women	3	Output	A	A
4	Provision of ARV therapy during pregnancy	3	Outcome	A	A
Sexual negotiation					
1	Woman's ability to negotiate safer sex with husband	1	Outcome	A	
Sexual behaviour					
1	Risky sex in the last year	1	Outcome	C	C
2	Condom use at last risky sex	1	Outcome	C	C

3	Commercial sex in the last year	1	Outcome	A	C
4	Condom use by clients at last commercial sex	1	Outcome	A	C
5	Condom use by sex workers with last client	1	Outcome	A	A
6	Risky male-male sex in the last year	1	Outcome		C
7	Condom use at last male-male anal sex	1	Outcome		C
Young people's sexual behaviour					
1	Median age at first sex	1	Outcome	C	
2	Young people having premarital sex in last year	1	Outcome	C	A
3	Condom use at last premarital sex	1	Outcome	C	A
4	Young people with multiple partners in the last year	1	Outcome	C	A
5	Condom use at last risky sex	1	Outcome	C	A
6	Age mixing in sexual relationships	*Under development*			
Injecting drug use					
1	Drug injectors sharing equipment	1	Outcome		C
2	Drug injectors using condom at last sex	1	Outcome		C
Blood safety and health care settings					
1	Screening of blood units for transfusion	2	Outcome	C	C
2	Reduction of unnecessary blood transfusions	2	Outcome	A	A
3	Districts with blood bank	2	Output	A	A
4	Accidental transmission in health care settings	3	Output	A	
STD care and prevention					
1	Appropriate diagnosis and treatment of STDs	3	Outcome	C	C
2	Advice on condom use, partner notification and VCT	3	Output	C	C
3	Drug supply at STD clinics	3	Input	A	A
4	Treatment seeking for STDs	1	Output	A	C/A
Care and support for the HIV-infected and their families					
1	Medical personnel trained in HIV	2	Output	A	A
2	Health facilities with capacity to deliver care	3	Output	C	A
3	Health facilities with drugs in stock	3	Input	A	A
4	Households helped with care of young adults	1	Output	C	
5	Households helped with care of orphans	1	Output	A	
Health and social impact					
1	HIV prevalence among pregnant women	4	Impact	C	C
2	Syphilis prevalence among pregnant women	4	Impact	C	C
3	HIV prevalence in sub-populations at risk	4	Impact	A	C
4	Percent of households with young adult deaths	1	Impact	A	A
5	Percent of children who are orphans	1	Impact	C	
6	Percent of orphans who are in school	1	Impact	A	

3.14 Impact: HIV, STDs, mortality and orphanhood

Programme goals

All aspects of HIV and STD prevention programmes funnel into a single goal: to reduce the transmission of HIV and other STDs. If programmes are successful in bringing about changes in exposure to HIV infection, then HIV incidence will necessarily change, too.

Measurement issues

Less transmission of HIV means fewer new cases. However, it is very difficult for regular monitoring systems to measure new cases – incidence data generally come only from sophisticated and expensive longitudinal cohorts. National M&E systems therefore tend to use cross-sectional prevalence data to monitor the spread of infection. But with chronic diseases such as HIV, prevalence data are problematic as a proxy indicator for recent infections. This is especially so when the data come from sentinel surveillance systems built around selected populations such as women in antenatal clinics. ANC data for HIV are biased by mortality, by a reduction in fertility in HIV positive women and by other factors.

Second generation surveillance aims to make better use of data generated by sentinel surveillance, partly by changing sampling and analysis strategies so that data better reflect more recent infections (see Panel 1).

One of the constraints of sentinel HIV surveillance in generalised epidemics is that few sentinel systems provide any data on men. Other proxy measures of impact in men can be used, for example the incidence of self-reported or clinical STDs. Since interventions aimed at reducing the spread of HIV ought also to have an impact on STDs – and a much more rapid one at that – STD measures can be useful as indicators of recent changes in risk behaviour.

In theory at least, pregnant women presenting for antenatal care are regularly screened for syphilis, and treated where necessary. This regular screening is potentially an important source of impact data for AIDS programmes, since it is at least somewhat more responsive to recent trends in risk behaviour than is HIV prevalence data. However even where testing is systematic, these data have rarely been systematically reported through the AIDS programme. This is a prime example of where existing data could be better used in M&E systems.

Measures of HIV and STD incidence and prevalence give an idea of the health impact of the HIV epidemic and of programmes designed to limit it. Mortality data also provide powerful impact indicators. It is recognised, however, that the impact of HIV and AIDS goes far beyond health or even mortality. Indicators of illness or long-term incapacity and orphanhood give a crude idea of the potential social and economic impact of the epidemic at a household level; they will grow in importance as the epidemic matures. More refined indicators are needed to measure the social and economic impact of HIV and AIDS – and of the success of national AIDS programmes in mitigating that impact. It is hoped that methods packages will be expanded to include more measures of socio-economic impact as new methodologies are developed.