UNIVERSITY OF NATAL

Durban

February 2000

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School of Economics and Management
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Dear Colleagues

Health Economics and HIV/AIDS Research Division 1998 Annual Report.

It gives me great pleasure to send you the first Annual Report for HEARD. The division was established in January 1998. By the time you get this Annual Report, we will have been operating for two years. The second Annual Report will be produced and dispatched rather more quickly than this one.

As you will see, this first year of operation for HEARD was very successful, with a great deal of demand for our services, and support from donor agencies.

The bulk of the work has been around HIV and AIDS, which is hardly surprising considering the severity of serious the problem. We believe that this will continue to be the case for several years to come.

In 1998 we were able to appoint our first staff member, and Karen Michael, joined the division as a Research Fellow supported by the KwaZulu-Natal Provincial Government. We also worked on the big USAID project, producing various documents which we believe will assist in responding to the epidemic.

The Report speaks for itself but we are including a few other documents which we believe could well be of interest to you. These are :

1. Sample copy of the AIDS Briefs we are producing.
2. Flyers for two 2000 workshops in the UK an Durban.
3. A postcard to be completed if you wish to receive future Annual Reports.

I am looking forward to sending you the 1999 Annual Report which I anticipate will be by early May. **Please do send the postcard back if you would like the report in future.**

Yours sincerely

PROFESSOR ALAN WHITESIDE
Director, Health Economics and HIV/AIDS Research Division

NOTICE OF THE 3rd HEARD HIV/AIDS DURBAN WORKSHOP

17th - 28th JULY 2000

Title: Planning for HIV/AIDS in Sub-Saharan Africa

Convenor:

- Health Economics and HIV/AIDS Research Division, University of Natal, Durban, 4041.
- The 2000 workshop will again be in Durban, immediately following the XIII International AIDS Conference. Cost: R14 750 / US$ 2 300. This includes the workshop fee, full board and accommodation, airport transfers, and all materials. It does not include travel to/from Durban or expenses in transit, additional travel insurance, visas or per diems.

Description:

The workshop focuses on the response to prevention education and the concomitant need to anticipate the medium and long-term social and economic consequences of HIV/AIDS. The workshop offers participants a unique opportunity for cross-pollination of ideas and strategies, to review tactics, and to identify interventions appropriate to their local situation.

Target Participants:

The workshop is designed for senior professionals concerned with planning for the economic and social, demographic and human resource implications of the HIV/AIDS epidemic. Participants could include: economists and planners from government ministries; AIDS programme managers; donors; NGO programme managers; private sector representatives; and special interest groups.

Pre-requisites:

No fixed maxima/minima parameters are set, apart from a good standard of written and spoken English, as all applications are assessed for suitability.

Workshop Contents Outline:

Issues and Information

- Data construction, collation, and interpretation
- Issues
- Socio-economic impact
- Vulnerability and susceptibility
- State of the epidemic
- Demographic issues
- Industry and agriculture, orphans and the elderly
- Economic and social analysis.

Responding: models, tools and techniques

- HIV/AIDS audits
- Planning problems - demographic and epidemiological models
- Risk and environment
- Case Studies
- The use of AIDS Briefs
- Targeting policy responses
- Private sector, donors and governments.

Training Approaches:

The workshop core content has been evolved over a number of years in various international settings. The aim is to ensure delegates participate as fully as possible through a mixture of lectures, group exercises, reading and practical work. For this reason, the original name "course" was changed to "workshop", emphasising the inter-change of information.

COURSE LEADERS

Alan W. Whiteside, Associate Professor at the University of Natal in Durban. In addition to his post as Director of the University's Health Economics and HIV/AIDS Research Division, he is an Overseas Development Group Fellow at the University of East Anglia. He has worked on the economic impact of HIV/AIDS since 1987. Commissioned research completed for Southern African Development Bank in South Africa, Southern Africa Foundation for Economic Research, Zimbabwe, studies of the impact of HIV/AIDS for a group of sugar companies in Swaziland, and work on the implications of AIDS planners for the Town and Regional Planning Commission of KwaZulu-Natal. He recently completed a major study on the impact of HIV/AIDS and how to respond to it for the European Community, and is currently involved in a 3 year project for USAID.

Tony Barnett, Professor of Development Studies in the School of Development Studies, University of East Anglia. Has been researching the social and economic impact of HIV/AIDS since 1987. Completed research includes major projects in Uganda, Kenya, Tanzania and Zambia as well as work in India. Advisor to the UK Overseas Development Administration, UN, FAO, UNDP, UNICEF as well as governments and NGOs. In addition to many articles, author (with Piers Blaikie) of *AIDS in Africa: Its Present And Future Impact* (Bellhaven Press, London, 1992, John Wiles, London, 1994, Guildford Press, NY, 1992; (with Martina Haslwimmer) *The Effects of HIV/AIDS in Rajasthan, India*, UNDP Regional Project on HIV and Development, Delhi, 1995. He and Alan Whiteside have directed a regional planning workshop in Jaipur, India for the past four years, and together with Eric Blas, commissioned and edited the "AIDS Briefs" that have now been translated into three languages.

Other Information

A maximum of 35 places is available. Closing dates for applications is 1 May 2000. There is a possibility of sponsorship of the course fee in a few instances.

An application form can be requested:

By phone: +27(0)31 260 2592
By fax: +27 (0)31 260 2587
By email: freeman@shep.und.ac.za

By mail: The Course Coordinator, HEARD, University of Natal, 4041, Republic of South Africa.

The Overseas Development Group

ODG DEV

The School of Development Studies

Training for Development Professionals

PLANNING FOR HIV/AIDS: A POLICY RESEARCH WORKSHOP

AN ANNUAL ADVANCED STUDY WORKSHOP FOR PROFESSIONALS

Duration	:	4 weeks (plus an optional 2 week advanced modelling component).
Timing:	:	22 May – 16 June 2000
Places	:	25
Admission	:	Degree or equivalent in relevant discipline
Fee	:	£4000 (+ £2000 for optional Modelling Course)
Participants	:	Senior level staff from government, donor agencies, the private sector and NGOs who want to learn how to put HIV/AIDS into planning, projects and policy.
Language	:	To participate effectively, it is necessary to have full workshop level competence in English.

OBJECTIVES

It is nearly 20 years since the first AIDS cases were identified. During that time, a massive scientific research programme means that the workings of HIV, the virus that causes AIDS, are better understood. However, a cure or vaccine is unfortunately still some years away. The modes of transmission and the ways to prevent spread are also clear. Outside the developed world, prevention activities have not generally been successful or replicable. At the same time, levels of HIV infection have reached unexpectedly high levels in some countries. In parts of Africa the HIV epidemic is turning into an AIDS epidemic with all the associated economic, social and political consequences. Parts of Asia, Latin America and Eastern Europe are experiencing a massive increase in the number of new infections.

As the disease progresses it becomes necessary to develop imaginative and targeted prevention activities. These need to go beyond the conventional message of STI treatment, behaviour change and condom use and look at what is driving the epidemic. It is also crucial to plan for the medium to long term social and economic impact of the disease and its associated increases in morbidity and mortality. This international workshop addresses these issues. Now in itsninth year, it provides an opportunity for planners and policy makers to learn the most up-to-date techniques, share ideas and experience and develop novel strategies and tactics in response to the epidemic.

WORKSHOP CONTENTS

The workshop contents have evolved over the past nine years. Each year we respond to the needs and experience of participants as well as to current developments and best practice in the field. The contents are broadly as follows:

Background, Concepts and Issues; Modelling; Experience, Ideas and Tools; Responses; Research Project.

APPROACH

This is a workshop and not a "course". Emphasis is placed on participants' own experience and needs. Sessions are designed to allow maximum participation and discussion. Presentational methods will include:

- Formal lectures from experienced professionals and academics followed by discussion sessions
- Small group work to develop lecture themes and integrate them into a policy-relevant perspective
- Directed reading and project work assisting participants to relate the workshop to their own professional responsibilities
- Use of materials brought by participants so as to develop responses relevant to the situation in their own country

Overseas Development Group (UEA), University of East Anglia, Norwich NR4 7TJ, UK
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Email: odg.train@uea.ac.uk Web: http://www.uea.ac.uk/menu/acad_depts/dev/odg/

UEA NORWICH

Over the past two years the workshop has evolved to include a major research component. During the four weeks the participants will be expected to research an issue of importance to their work. They should prepare either a policy paper or an article for publication. Their work will be guided throughout the workshop, and they will be given access to all the research tools at a top grade university. In addition in 2000 an optional 10 day advanced modelling component is planned during which some participants will have a chance to gain detailed knowledge of the Spectrum package of models and their uses. All workshop components are fully documented and participants are provided with copies of essential texts, readings and software relating to the issues covered in the workshop.

WORKSHOP PARTICIPANTS

This workshop is designed for senior professionals concerned with planning for the economic, social, demographic and human resource implications of the HIV/AIDS epidemic. It will be of specific interest to the following groups:

- **Public Sector:** economists and planners from ministries of finance, development, planning, health, education, agriculture and rural development. AIDS programme managers and members of specialist advisory units
- **Donor Agencies:** all donor agencies involved in development programmes, particularly social and community projects in areas of high HIV prevalence. Donors directly involved in HIV/AIDS projects will find the workshop particularly valuable
- **Private Sector:** strategic planners, executives and professional officers in major companies active in the developing world, in particular the insurance industry, pharmaceutical companies and employers of large labour forces
- **Non-profit Sector:** international and national NGOs with programmes in countries with high seroprevalence; NGOs working specifically in relation to HIV/AIDS.
- **The participants** should be policy makers and planners from the above sectors.

DIRECTORS

Tony Barnett is Professor of Development Studies in the School of Development Studies, University of East Anglia, UK. He has been researching the social and economic impact of the epidemic since 1987. Author with PiersBlaikie of *AIDS in Africa: Its Present and Future Impact*, and with Martina Haslwimmer of *The Effects of HIV/AIDS on Farming Systems in Eastern Africa* as well as many other publications. He has advised a wide range of agencies, including FAO, UNDP, DFID, UNICEF and the British Council.

Alan Whiteside is an Associate Professor and Director of the Health Economics and HIV/AIDS Research Division of the University of Natal and a Fellow of the Overseas Development Group. He has been working on the topic since 1987. He has consulted for the Southern African Development Bank, the Southern African AIDS Information Dissemination Service in Harare, the Town and Regional Planning Commission of the KwaZulu-Natal, various governments, the private sector, and donors, including USAID and the European Union. He has published widely and edits the *AIDS Analysis* newsletter.

FEE

The fee includes:

- cost of accommodation in single-study bedrooms with en-suite facilities
- joining instructions and welcome information
- certificate on completion of course
- university library access
- emergency medical insurance
- access to health and welfare facilities of the university
- experienced training-unit staff in attendance

Funding

Possible sources of financial assistance include the following international agencies and initial approaches should be made to the appropriate Country/Local or Regional offices:

- The British Council
- Department for International Development (DFID) of the UK Government - applicants should approach their local British Embassy/High Commission
- European Union
- United Nations Development Programme (UNDP) - the Regional Offices will direct applicants to the appropriate specialist agency, eg FAO, ILO etc

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TO OBTAIN AN APPLICATION FORM, PLEASE RETURN THIS SLIP TO:

The Course Co-ordinator, Overseas Development Group, University of East Anglia, Norwich, NR4 7TJ, UK.
Tel: +44-1603-456410 Fax: +44-1603-505262 E-Mail: odg.train@uea.ac.uk

Name: _____

Address: _____

_____

ACTION CHECKLIST

- ✓Secure management and union support for any intervention.
- ✓Assess the sector, company and individual risk.
- ✓Assess the cost impact of the risk to individual projects and to medium-term and long-term prospects in the sector.
- ✓Assess the cost implications of an effective intervention.
- ✓Seek appropriate, best practice interventions.
- ✓Set national strategic commitment and policy, endorsed by management and trade unions.
- ✓Ensure there is a framework for implementation by a joint committee of trade unions, management and other parties at plant level, and that it becomes a standard part of plant procedures.
- ✓Ensure policy encompasses prevention, care and lack of discrimination on all sites.
- ✓Secure employee benefits through actuarial reviews, negotiating where necessary for changed benefits or premiums.
- ✓Network with existing organisations and skills to supply appropriate interventions, eg government funded NGOs specialising in counselling or industrial theatre, UN-funded Greater Involvement of People living with AIDS (GIPA) individuals providing on site awareness and peer educator groups.
- ✓Consider legitimising and supporting family visits to compounds to normalise sexual relationships.
- ✓Include HIV/AIDS awareness into the work schedule to alert individuals to the problem, and on-going education programmes to give individuals the tools with which to change their behaviour, and back these up with providing access to condoms, screening and syndromic treatment for STDs and treatment of opportunistic infections.
- ✓Maintain focus on the logistical elements of providing condoms and access to STD treatment on all sites.
- ✓Ensure education includes aspects of care - both on and off site. This will help de-stigmatise the disease and create support for ill relatives and AIDS orphans in communities and so lessen the burden on state facilities.
- ✓Interact with the local communities from which labour is drawn to identify potential problems around construction and HIV, such as casual sex, and to identify mutually acceptable steps to minimise the risk and the impact, such as legitimising family visits.
- ✓Interact with clients on new contracts, costing AIDS interventions into the project and negotiating shared resources.

SUMMARY

The construction sector has the potential to be significantly impacted upon by the epidemic, and, in turn, to significantly impact upon the manner in which any country deals with an epidemic. The sector is volatile and highly sensitive to economic conditions. Operating margins are slim and the cost of either the unmitigated impact of the epidemic, or of intervention, will take its toll. The sector is also mobile, and will seek international opportunities if necessary for survival. Any intervention must be pragmatic, given the cost and time restraints within daily operations.

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Merrifield, A: *The State of the Construction Industry in South Africa*, Division of Building Technology, Council for Scientific and Industrial Research, Pretoria (1994)

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Report on a study into the longer-term future of the civil engineering industry, South African Federation of Civil Engineering Contractors (1998)

Langenhoven, H: *The Relationships: labour and equipment costs, employment, output, profits and productivity in civil engineering*, Executive Director SAFCEC

HIV/AIDS Best Practice Series No.1: The Electricity Supply Commission of South Africa (Eskom), HIV/AIDS and STD Directorate, South African Department of Health (1999)

HIV/AIDS policy, Construction and Allied Workers Union

Prepared by: Janine Simon-Meyer, Meshmedia, Researcher and writer on health-related topics

Commissioning Editor: Professor Alan Whiteside, Health Economics and HIV/AIDS Research Division, University of Natal, Durban, South Africa

Series Editor: Rose Smart

Layout: The Write Stuff, Durban

The individual authors of the *AIDS Briefs* series are wholly responsible in their private capacity for content and interpretation.

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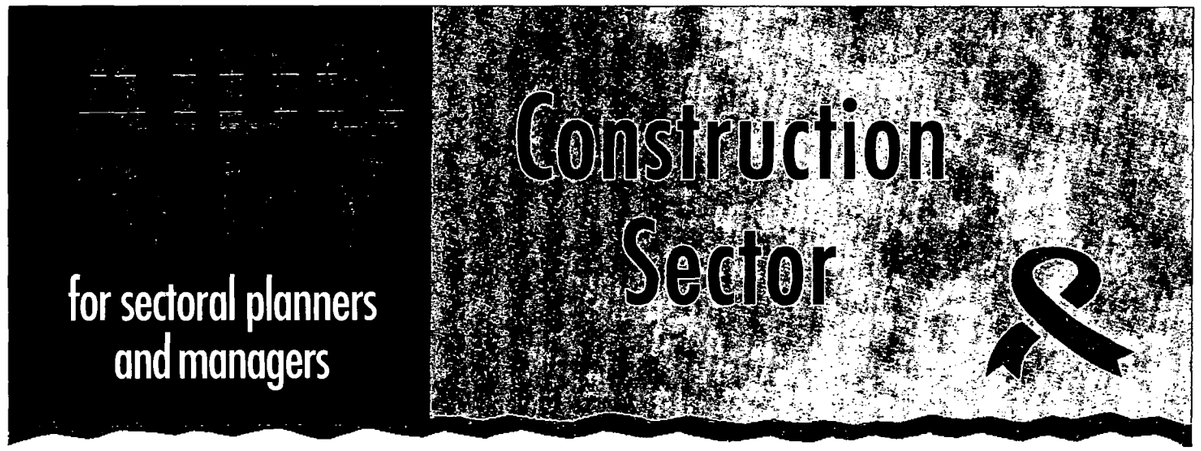


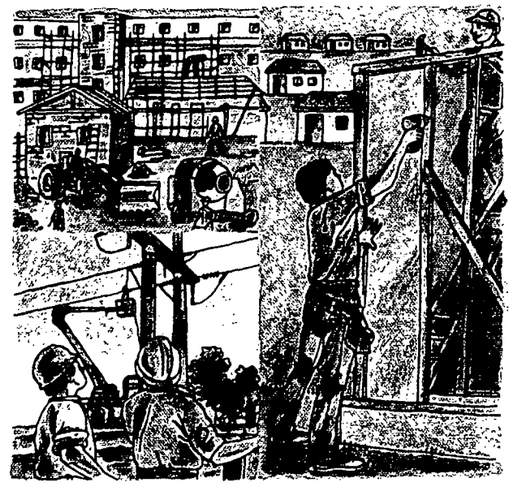
The HIV/AIDS epidemic is a global crisis that demands urgent attention and committed sustained action by alliances of individuals, organisations and sectors. The *AIDS Brief* series has been developed to support the conceptualisation and implementation of key sectoral responses. The construction sector is one of the top five employers in any economy. Its capacity impacts on a country's ability to meet development needs and its ability to offer entry level jobs and skills training in the formal economy. The fact that HIV/AIDS will reverse development gains and is likely to affect the nature of capital investment by the state will impact directly on the construction sector.

BACKGROUND

Definition of the Construction Sector

Construction covers the preparation of sites and the construction of buildings and civil engineering structures, including heavy infrastructure and essential services.

Facts about the Construction Sector



The construction sector spans a wide range of activities, from the building of a single domestic unit to the construction of a highway, dam or harbour silo. Site preparation includes the demolition of buildings or structures, and excavating, levelling or test drilling for new structures. Building covers the erection of family housing and residential buildings, as well as office blocks, shopping complexes, schools, hospitals and industrial buildings. Civil engineering works include steel, mechanical and electrical construction needed in the development of transport infrastructure, water storage, reticulation and sewage systems, power lines, fuel tanks, mine headgears and bins, bunkers or silos.

Construction is a labour-intensive sector, and one of the top five employers in any economy. The sector generates $2,2 of spend into the economy for every $1 spent in construction. It utilises a salaried core of skilled graduates and technical staff, and a team of unskilled, mostly temporary, workers. As such the sector offers entry-level jobs in the formal economy. The ratio of skilled to unskilled workers varies across the world; the ratio of labour to capital equipment fluctuates according to the relative cost. As construction worldwide is characterised by volatile market conditions, this ratio can change often and swiftly. The costs of sharp economic fluctuations on the sector's capacity - that is, in lost jobs and capital expenditure - are large. In general, construction costs rise when there is a boom and the local sector lacks the capacity to meet demand. The loss of experienced supervisory, managerial and professional staff can be the most significant long-term constraint to sustainable growth.

Construction is also characterised by relatively short-term work on various sites. This demands a nomadic, often isolated, lifestyle for the skilled staff of contractors who must supervise construction works at various sites. Unskilled or semi-skilled labourers are often employed on site; the training and productivity of this part of the workforce varies. This labour may also migrate in search of employment, both within countries and across borders.

Economic and population growth are the most important indicators of construction patterns. They point both to a country's increasing needs and to its ability to provide for those needs. The construction economy has short cyclical fluctuations from peak to peak, as well as long "waves". The key existing theory about long-term construction investment in the First World is that of the Kondratief cycle. This postulates that investment in construction works follow long upward trends of between 15 and 25 years, and shorter downward trends of between 8 and 15 years. In Europe and the Americas, these trends have matched the movement from sea to rail to road to air transport.

Comparative studies of developing economies show that construction works represent a steadily growing share of gross domestic expenditure over time, and as levels of development improve. However development patterns can be disturbed by specific factors.

Studies in South Africa, for example, have identified four key drivers of future construction activity: economic growth, savings, government economic policies and institutional health - namely the degree to which organisations and state institutions function and are able to implement state policies and spend allocated state expenditure budgets. In addition, state policy in South Africa is to promote the emergence of new contracting and consulting capacity, with the result that many large construction projects are split into numerous small contracts and awarded to select emerging firms. Work in Latin America has identified unsustainable macro-economic policies and bureaucratic or institutional deficiencies as the main reasons for the failure of developing economies - and difficulties in the construction sector. Construction companies increasingly seek international opportunities when local economies contract.

AIDS AND THE CONSTRUCTION SECTOR

Labour

The epidemic will impact on the availability, quality and needs of labour in the sector. The availability of experienced supervisory, managerial and professional staff is essential if the sector is to retain its capacity and sustain growth. Yet this level of staff is at high risk of contracting HIV because it leads a nomadic "on site" lifestyle, living away from families in temporary accommodation with few recreational facilities, for long stretches of time. Illness and death among this section of the workforce will affect overall capacity, output quality and - because many are full-time employees - employee benefits such as medical scheme costs and full death benefits. Unskilled contract workers, on the other hand, may be drawn from local communities. In some settings they may also be mobile populations, especially when local populations are not willing to engage in this type of work. Their exposure to the virus will vary, depending on local circumstances. As the epidemic progresses the age and health status of unskilled work-seekers will change. The turnover of staff on site may rise rapidly as young adults fall ill. This could mean an increasing number of ill workers in site compounds, relying on fellow workers for care until their visits home. This will affect staff morale, and behaviour on their return to their villages. Illness and death in surrounding communities will also affect workers, who will need time to care for ill relatives or attend funerals.

Increasingly, younger people, whose caregivers have died, or the elderly left with large numbers to care for, will seek employment. The educational status of prospective employees may decline over time as many families may no longer be able to afford school fees, and the local educational system is weakened by the epidemic. This will impact on both the nature of on-site training for limited duration employees, and on sector-wide efforts at upgrading skills levels in the industry with continuing skills, artisan, supervisory and other training. The epidemic will also raise the question of improving overall conditions and medical benefits for all employees. At least, it should raise the question of access to medical treatment for opportunistic infections to maintain productivity, as well as treatment for sexually transmitted diseases (as the presence of an untreated STD increases the risk of HIV transmission during unprotected sex).

Operations

Employee benefits, productivity and output quality will be first affected as the epidemic advances and morbidity (illness) and mortality (death) of infected individuals, and their families, emerge at different levels in the sector. Although unskilled staff are easily replaced, training of replacement staff will further impact on costs, productivity and quality.

External Interactions or Forces

The construction sector has the capacity to impact on the epidemic both negatively and positively and the epidemic has the potential to impact on the sector.

Construction sites can be risk environments because they remove individuals from their families for relatively long periods. This encourages risk-taking behaviour and casual sex; alcohol abuse and interactions with sex workers are common around isolated construction sites. The construction sector also helps develop major transport and infrastructure routes; transport routes are, in themselves, risk areas for the transmission of HIV because of the constant movement of people.

A positive aspect is the sector's potential to play an important role in a country's inter-sectoral approach to coping with the epidemic. Construction has the ability to provide entry-level jobs in far-flung communities, and this may be crucial to the survival of families and child-headed households in areas hard hit by the epidemic. On site training programmes can become an important vehicle for AIDS education and for encouraging support of infected and affected individuals. The construction sector's collaboration with communities in co-operative housing or service projects means that a sound mechanism for communication is in place and can be used for messages around prevention and support. In addition such collaboration could ensure that development needs are met, such as sanitation or housing.

In the medium-term the AIDS epidemic could affect the nature and scale of construction operations: as resources become more scarce, public funding could be diverted towards health and welfare, or local development projects, and away from major capital expenditure projects. Overall, the impact of HIV/AIDS on the economy is likely to be a significant, but not a dominant, determinant of growth. Thus the degree to which private sector contracts may decline in the face of declining market demand will depend on a specific sector's vulnerability to the impact.

State attempts to devise policies to manage development and promote previously disadvantaged groups may be undercut by the morbidity and mortality among the cohort of individuals marked for development. Similarly, efforts to create regional operating environments, such as the Southern African Construction Initiative, need to account for common problems in procuring and developing labour. Again new policies to create capacity in construction - for example the policy document on an Enabling Environment for the Construction Industry, produced by South Africa's Department of Public Works - could integrate with the needs of infected and affected individuals to minimise the impact of the epidemic.

International competition may be the key to maintaining construction capacity. Local companies could stay alive by seeking contracts outside their country's borders; similarly, a country with a construction sector hard hit by the epidemic could still meet development needs by contracting internationally. However companies seeking to operate in areas hard hit by the AIDS pandemic need to take account of the attendant risks and responsibilities to their permanent workforce, their temporary workers and the communities in which they are operating.

IMPACT CHECKLIST

Internal Risk Profile

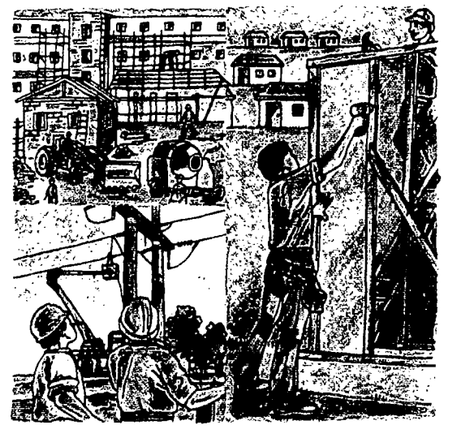
- ✓ Which employees in the construction sector are aged between 15 and 45, live in single sex quarters, and migrate to their place of work?
- ✓ Is alcohol abuse or other risk-taking behaviour common in any area of the sector?
- ✓ Are there any employees in the sector crucial to its output and continued survival?
- ✓ Can these employees be easily replaced should they become ill or die?
- ✓ What would be the impact on construction costs should these individuals die and have to be replaced?
- ✓ What is the impact on a site or plant if increasing numbers of workers lie ill in the site accommodation?
- ✓ What would be the impact on output quality?
- ✓ What potential does the sector have to compensate for lost workers?
- ✓ Can training accommodate education around HIV transmission and minimising the impact of the epidemic?
- ✓ How will the sector cope with requests for compassionate leave, sick leave and funeral attendance?
- ✓ How will HIV/AIDS affect the demand for full medical benefits for all employees?
- ✓ How will HIV/AIDS affect employee benefits for those already offered medical aid, pensions, full death benefits, group life insurance, disability and ill health retirement and funeral benefits?
- ✓ Is there an optimal HIV/AIDS/STD and TB workplace prevention and management programme to limit HIV infections and mitigate the impact of the epidemic?

External Risk Profile

- ✓ Does the sector operate in high-risk geographical areas such as adjacent to transport routes?
- ✓ Does the sector interact with specific communities that may have a higher incidence of HIV, for example the rural families of migrant workers?
- ✓ Is the sector dependent on state funding for contracts, which may be diverted to health and welfare needs as the epidemic progresses?
- ✓ Will the sector be affected by changes in market demand, and thus private sector contracts?
- ✓ Will the sector survive the increased cost of sourcing skills and training?
- ✓ Can it absorb the strain of increased absenteeism and lost productivity?

SECTORAL RESPONSE

To respond effectively a sector must recognise the factors that determine individual and group susceptibility to HIV infection, as well as features of the sector that are particularly vulnerable to the impact of the epidemic. It should identify areas of greatest risk and impact, and, where possible, act to reduce these.



The extent to which the epidemic will affect the short, medium and long-term prospects demands that the construction sector urgently prioritises the development of a strategy to prevent further infections and cope with the impact in its field of operation. Management commitment, partnerships with trade unions, clients and the communities in which a company operates are essential to any intervention. Failure to include any one of these elements could undermine all efforts. An effective response operates on two levels: a strategic plan and an operational intervention. But it should be committed at all levels to the cornerstones of an effective response. These are: prevention, care and non-discrimination. Operational policies should provide a framework for consistent and recommended practice, but allow for innovation that ensures these are met in the variety of circumstances in which the sector operates. An effective response must also address the realities of life within the sector. It would be helpful to identify existing resources within the state, and communities or NGO movements that can assist the sector; this will minimise capital expenditure on prevention or care strategies, and help limit rising construction costs and potential job losses.

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HIV/AIDS and Development: Case Studies and a Conceptual Framework

TONY BARNETT and ALAN WHITESIDE

This article presents outline accounts of some social and economic features of the HIV/AIDS epidemics in five countries: the United Kingdom, Botswana, Uganda, India and Ukraine. It suggests that: (a) certain key features of society and economy are major determinants of the degree to which epidemics become generalised to whole populations; (b) these features can be conceptualised in ways that will assist in more effective targeting of preventive interventions and measures to confront the medium- and long-term impacts of raised morbidity and mortality associated with the occurrence of generalised HIV/AIDS epidemics.

INTRODUCTION: TRANSMISSION, INTERVENTION AND IMPACT

The HIV/AIDS epidemic has already reversed many of the development gains made in Central, Eastern and Southern Africa over the past three decades as measured by the Human Development Index [*United Nations Development Programme, 1997*] and by Child Mortality Rates [*Stanecki and Way, 1999: 60*]. HIV/AIDS is a major problem for development and must be taken into consideration by anybody working in this field. The shape and form of an epidemic reflect the economic, political and cultural characteristics of any society. If the causes and consequences of the epidemic are to be addressed, a new conceptual framework is required.

Most HIV infections are sexually transmitted. Globally, most of these are heterosexual transmissions. Sexual transmission occurs in a complex framework that determines the gradient and final peak of the epidemic curve. Factors affecting epidemic trajectory may be divided into the most general and

Tony Barnett, School of Development Studies, University of East Anglia, Norwich, UK; e-mail: a.barnett@uea.ac.uk; Alan Whiteside, Health Economics and HIV/AIDS Research Division, University of Natal, Durban 4051, South Africa; e-mail: whitesid@eru.und.ac.za. The concepts and ideas presented in this article were first developed by the authors together with participants in a Policy Research Workshop held at the Indian Institute of Health Management Research in Jaipur, India in 1996.

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Health Economics and HIV/AIDS Research Division

Annual Report 1998

UNIVERSITY OF NATAL

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