

**AIMEnet Listserv Postings
December 2005-February 2006**

Posted December 1, 2005

December 1- World AIDS Day

World AIDS Day 2005

<http://www.unaids.org/Unaid/EN/events/world%2Baids%2Bday%2B2005.asp>

These resources from UNAIDS include the organization's most recent report on the pandemic, event listings, media information, fact sheets and other publications.

Kaiser Family Foundation World AIDS Day Resources

<http://www.kff.org/worldaidsday/2005.cfm>

These new resources include updated fact sheets on the pandemic, a webcast of a United Nations event in New York City, a global HIV/AIDS timeline and interviews with UNAIDS Director of Evaluation Paul De Lay and designer Kenneth Cole.

Promises, Promises

http://www.worldaidscampaign.info/index.php/wac/wac/advocacy/position_papers/promises_promises

This World AIDS Campaign report examines commitments and statements made by governments and the United Nations over the past five years to fight the HIV/AIDS pandemic and aims to provide a framework for measuring such commitments.

Missing the Target

<http://www.aidstreatmentaccess.org/>

This report from the International Treatment Preparedness Coalition examines the status of antiretroviral treatment access in selected low-income countries worldwide.

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Posted December 2

Greetings,

There are three postings in this message:

- 1) IIASA Young Scientist Summer Program Announcement
- 2) Follow-up to the World AIDS Day
- 3) Online resources and projects

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1) IIASA Young Scientist Summer Program: Summer Fellowship in Austria for Graduate Students in Math, Engineering & Natural and Social Sciences

Each summer, the International Institute for Applied Systems Analysis (IIASA) near Vienna, Austria, hosts a selected group of graduate students, primarily doctoral, from around the world in its Young Scientists Summer Program (YSSP). These students work closely with IIASA’s senior scientists on projects within the Institute’s 3 theme areas of Natural Resources & Environment, Population & Society, and Energy & Technology. The U.S. Committee for IIASA provides airfare and a modest living allowance for the applicants from American institutions who are selected to participate.

APPLICATIONS ACCEPTED: 18 OCT 2005-15 JAN 2006

PROGRAM DATES: 1 JUNE-31 AUGUST 2006

IIASA is an international institution, supported by the U.S. and sixteen other governments, that engages in scientific research aimed at providing policy insight on issues of regional and global importance. Its suite of programs and initiatives in 2006 will include the following:

Population and Society

- World Population
- Risk and Vulnerability
- Processes of International Negotiation
- Population and Climate Change
- Health and Global Change Initiative

Energy and Technology: Energy, Transitions to New Technologies, Dynamic Systems , Integrated Modeling Environment

Natural Resources and Environment: Land Use Change and Agriculture, Forestry, Evolution and Ecology, Atmospheric Pollution & Econ. Development, Greenhouse Gas Initiative

Detailed information about each program is available on the IIASA Website:

<http://www.iiasa.ac.at/>

Eligibility: You should consider applying if:

- You are an advanced graduate student at a U.S. University;
- Your field is compatible with ongoing research at IIASA;
- Your research and career would profit from interactions with scientists from all over the world;
- You would like to investigate the policy implications of your work.

To Apply:

Each applicant must submit the on-line application form, including 2 references and descriptions of research interests. The form begins at <http://www.ime.iiasa.ac.at/ysspf/?sb=7>

Contact: Margaret Goud Collins, Program Director for the U.S. Committee for IIASA

National Academy of Sciences, W541 500 5th St. NW Washington, D.C. 20001

Phone: (508)548-2502

Fax: (202) 334-2231

Email: mcollins@nas.edu

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2) Follow-up to the World AIDS Day

1. World AIDS Day 2005: DFID focuses on prevention and research

December 1, 2005. UK has just announced new funding worth £27.5m as part of the UK's long-term commitment. [Press release: New UK funding for global AIDS battle](#) (1 Dec, 2005)

More details: <http://www.dfid.gov.uk/mdg/hivaids.asp>

2. World AIDS Day Promotes Message of Accountability, Urges International Community To Fulfill Commitments To HIV/AIDS Fight

AIDS advocates, health care workers and people worldwide on Thursday are marking World AIDS Day by focusing on the message "Stop AIDS. Keep the Promise," which urges governments and the international community to remain committed to fighting the HIV/AIDS pandemic, [AFP/China Daily](#) reports (*AFP/China Daily*, 12/1). The estimated total number of HIV-positive people worldwide has reached its highest level ever, increasing from 39.4 million in 2004 to 40.3 million currently, but some countries that have invested heavily in prevention programs -- including Kenya, Zimbabwe and some Caribbean countries -- have lowered their HIV prevalence rates, according to a [report](#) released last week by [UNAIDS](#) and the [World Health Organization](#).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34046

3. World Bank Announces New Strategic Plan To Fight HIV/AIDS

The [World Bank](#) on Wednesday announced a [strategic plan](#) to combat HIV/AIDS worldwide with the aim of strengthening the bank's approach to the disease using no-interest lending, grants, analysis, technical support and advice on AIDS policy for developing countries, the [AP/Seattle Post-Intelligencer](#) reports. The plan will use the "Three Ones" approach for each country: one national HIV/AIDS authority, one national strategic plan and one system to track and assess the plan's success. It also will use reliable data to assess the risk, pattern and rate of spread of the virus and its effect on local areas (*AP/Seattle Post-Intelligencer*, 11/30). The plan focuses attention on women, young people and high-risk populations (*Xinhuanet*, 12/1).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34047

4. Russia Pledges \$107M in 2006 To Increase Efforts To Fight HIV/AIDS

HIV/AIDS is now "one of Russia's national priorities," and the government plans to devote \$107 million in 2006 and \$267 million in 2007 to "an unprecedented effort" to fight the disease in the country, Vladimir Starodubov, deputy of the Ministry of Public Health, announced on Tuesday, *Agence France-Presse* reports. According to official figures, there are about 330,000 HIV-positive people living in Russia, although some experts say those figures are probably one-third of the actual number. About 40,000 HIV-positive people in the country need antiretroviral treatment but only about 5,000 receive it, Mikhail Rukavishnikov -- an official with the Community of People Living with HIV/AIDS, a nongovernmental organization -- said.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34022

5. China Vows To Keep Number of HIV-Positive Residents Under 1.5M

China must take action to keep its number of HIV-positive residents under 1.5 million over the next five years or face social and economic impacts of the epidemic, Chinese Health Minister

Gao Qiang said on Wednesday at a news conference in advance of World AIDS Day on Thursday, the [AP/FOXNews.com](http://www.foxnews.com) reports. Gao said that HIV/AIDS prevention efforts are central to the country's "economic development, social stability and prosperity," adding, "A good job in AIDS prevention and treatment is a must for the government at all levels" (Olesen, AP/FOXNews.com, 11/30). The Chinese government estimates that there are 840,000 HIV-positive people in the country, including 80,000 people living with AIDS; however, the United Nations estimates that there are at least one million HIV-positive people in China (*Kaiser Daily HIV/AIDS Report*, 11/9).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34023

3) Online resources and projects

1. "The Pop Reporter"

"The Pop Reporter," The INFO Project's weekly, free electronic magazine for the world's reproductive health care professional, is now available in a new customized edition. This state-of-the-art feature allows subscribers to customize their subscriptions, tailoring issues by topic, delivery preferences (plain text, HTML, PDF, or link), and regions of the world. Subscribers may choose from among more than a dozen categories in research and news of the most important concerns of the world's reproductive health community today, including Family Planning/Reproductive Health, Family Planning/Reproductive Health Law and Policy, HIV/AIDS, Men's Health, Population, Women's Health, and Youth Health.

In our most recent survey, subscribers rated "The Pop Reporter" as their most important electronic information resource for their work, rating it higher than the Kaiser Family Foundation's Reproductive Health or HIV/AIDS "Daily Reports", higher than the Development Gateway e-mailings, higher than the Communication Initiative e-mailings, higher than the IPPF news e-mail list, and higher than the UN Wire (the independent news briefing about the UN). Sign up for this free service at <http://prds.infoforhealth.org/signup.php>. Please share this information with your colleagues, field offices and coworkers.

Sincerely,
Robert Jacoby
Editor, "The Pop Reporter"
<http://www.infoforhealth.org/popreporter/current.shtml>

2. Exchange/Healthlink Worldwide Mainstreaming HIV/AIDS Resource Pack

http://www.ukzn.ac.za/heard/research/ResearchReports/2003/DFID%20mainstreaming%20report_Jan031.pdf

Are you working on mainstreaming HIV/AIDS in development sectors? Have you heard about or used a resource pack on mainstreaming HIV/AIDS produced by the HIV/AIDS Knowledge programme at the Liverpool School of Tropical Medicine? It is called, "Mainstreaming HIV/AIDS in development sectors - a resource pack for practitioners and policy makers." The

pack includes a 50 page document called "HIV/AIDS Mainstreaming: A definition, some experiences and strategies" and can be found here:

http://www.ukzn.ac.za/heard/research/ResearchReports/2003/DFID%20mainstreaming%20report_Jan031.pdf

If you have either heard about or used the pack or document, Healthlink Worldwide would like to hear from you about your experiences. If you have not heard about or used the pack, but are working in mainstreaming HIV/AIDS, we would still like to hear from you about other approaches and resources you are using. Any responses will form part of a case study and the final output will be available in February 2006.

Please contact

Alison Dunn

dunn.a@healthlink.org.uk

or telephone +44-207-549-0250.

3. EBSCO are making LISTA (Library, Information Science & Technology Abstracts) available as a free resource.

For more details see: <http://www.epnet.com/thisTopic.php?topicID=205&marketID>

For an enduring link to the database use: <http://www.libraryresearch.com>

4. Johns Hopkins Bloomberg School of Public Health, INFO Project “The POP Reporter” Personal computers enlisted in AIDS research

<http://abcnews.go.com/Health/wireStory?id=1338667>

A new project in the fight against AIDS will tap into the unused power of individual and business computers to help research and identify drugs used to combat the HIV virus. An Internet-based initiative, called FightAIDSatHome, aims to enlist about 100,000 computer users to donate the use of their machines when they would otherwise be idle. Participants' machines can request data from a central server, process it, and send back the results. The organizers hope to develop new chemical strategies to treat HIV-infected individuals, according to the San-Diego based Scripps Research Institute, which is behind the effort. The web site is available at

<http://www.fightaidsathome.org>.

5. HIV/AIDS Review Journal To Launch in January 2006

"[Current Opinion in HIV and AIDS](#)," [Current Opinion](#): The journal, the 25th title in the review-journal series published by [Lippincott Williams & Wilkins](#), will debut in January 2006 and include six editions annually. The journal will present analysis and examination by leading experts of significant research developments involving HIV/AIDS within the past year (LWW release, 11/16).

Posted December 6

Greetings,

There are two postings in this message:

- 1) New releases
- 2) Job announcements

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1) New releases:

1. Targeted Evaluation Focuses on Peer Education Program

Population Council/Horizons Program has launched a study to evaluate the effectiveness of a program to train young girls as HIV/AIDS peer educators. The program was developed by Family Health International and the Kenya Girl Guides Association. The study will provide important information on ways to reach adolescents, ages 10-15, with information and skills to prevent HIV, reduce stigma, and help orphans and vulnerable children.

More details: <http://www.populationcouncil.org/horizons/featuredstudies.html>

2. More Women Declare HIV-Status

Date : Monday, November 21, 2005

Source : The Chronicle Newspaper (Malawi)

The HIV/AIDS Quarterly Service Coverage report of between April and June this year has shown that more women than men are declaring their sero-status. The results prompted the development of a meeting organized to discuss the report.

Based on reported data from 25 districts, it was discovered that out of 38,378 clients tested in the quarter, 11,191-tested HIV positive. This figure represents 29% of those that tested positive being male and 60% female clients. The results have been reached based on several indicators, which included a number of persons who have registered with People living with HIV/AIDS (PLWA) organisation, who have shown to be HIV positive and those receiving therapy. The statistics shows more women were found to be very active not only in declaring their sero-status, but in registering with PLWA organisations and receiving ARVs therapy as well.

Of 568 persons of between 15 and 24 years of age who have registered with PLWA organisations, 336 are female while 232 are male. The scenario is the same with those above the age of 24 years where 666 are male and 978 female. Only 210 males from the same districts under the age 12 were found positive as opposed to 324 females. While 411 males between 13 and 24 years and 1, 034 females under the same age were found positive. 2, 505 males as opposed to 3,521 females above the age of 24 were found positive.

The report also established that during the said period, persons with advanced HIV infections receiving ARV therapy in the private sector Health facilities, more women than men are accessing the therapy. 36% of males and 64% of females under the age of 20 and 34% of males and 66% of females above 20 years are receiving the therapy.

John Chipeta, Monitoring and Evaluation officer of the National AIDS Commission (NAC) pointed out when the meeting began debating the finding of the report that in stand-alone VCTs there is more female attendance compared to that of men. "Most women have also complained that their husbands do not encourage them to attend VCT," said Chipeta. He said since a lot of women register with PLWA organisations it shows that females are more willing to challenge stigma than their men counterpart.

A woman contributor argued that the statistics do not indicate that more women are HIV positive but such was the case because they are the ones who are in constant contact with health institutions to seek for medical assistance. "More women will seek hospital attention when they have a headache and in so doing they exposing themselves to advantages of VCT. Women are the ones who carry pregnancies, which means they have to attend antenatal care sessions because of among other things to avoid the risks of PMTCT," she said.

Salima district director of planning and development shocked the meeting when he said on average men are unfaithful to their spouses. "So if any man decides to go to VCT sites it would be like a drug dealer handing himself over to the police. Men have their conscious already tainted and going to VCT would seem to be sending wrong messages to their wives as they think something will go amiss," he said.

3. Indonesia on Verge of AIDS Epidemic, Piot Says

Indonesia is facing a major HIV/AIDS epidemic and needs to take action quickly to curb the spread of the virus, [UNAIDS](#) Executive Director Peter Piot said Monday at the start of a four-day visit to the country, *AFP/Yahoo! News* reports. The Indonesian government estimates that between 90,000 and 130,000 HIV-positive people live in the country. However, other statistics indicate that at least 600,000 injection drug users live in Indonesia and about half of them are believed to be HIV-positive, according to Alwi Shihab, coordinating minister for social welfare. More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=33993

4. U.N. Special Envoy for AIDS Lewis Urges Private Sector To Contribute More Money To Global Fund

U.N. Special Envoy for HIV/AIDS in Africa Stephen Lewis on Monday at a regional meeting of the [Global Fund To Fight AIDS, Tuberculosis and Malaria](#) in Kigali, Rwanda, said private sector firms operating in Africa need to donate more money to the fund to fight the epidemic there, *Agence France-Presse* reports. Lewis said that multinational oil, mineral and diamond companies, as well as pharmaceutical companies, operating in Africa could raise billions of dollars for the fund over the next 10 years by donating 0.7% of pre-tax profits (*Agence France-Presse*, 11/29). More details:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=33994

5. National survey in South Africa finds young women most at risk of HIV/AIDS

Over one in 10 South Africans are living with HIV, with young African women in informal settlements being at highest risk of HIV infection, a new study has found. The survey was commissioned by the Nelson Mandela Foundation and conducted by South Africa's Human Sciences Research Council (HSRC) in partnership with the Medical Research Council (MRC) and the Centre for AIDS Development Research and Evaluation (CADRE).

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5513>

6)-10) *EurasiaHealth Bulletin*, November 2005; *EurasiaHealth Knowledge Network*
www.eurasiahealth.org

6) World Youth Report 2005 - Young people today and in 2015

The year 2005 is ten years since the General Assembly adopted the World Programme of Action for Youth in 1995. With over 200 million youth living in poverty, 130 million youth illiterate, 88 million unemployed and 10 million young people living with HIV/AIDS, the case for a renewed commitment to the goals of the World Programme of Action is clear. In this report it is argued that too often, youth policy is driven by negative stereotypes of young people, including delinquency, drug abuse and violence. What seems to be forgotten that young people are a positive force for development, peace, and democracy. In terms of health: Globally, young people are reaching adolescence at earlier ages and marrying later. Premarital sexual relations appear to be increasing. Although early pregnancy has declined in many countries, it is still a large concern. HIV/AIDS is the first cause of mortality of youth, followed by violence and injuries. 207 pp. (In English and Russian)

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9468&pid=3542>

7) Practical Steps to Strengthening HIV/AIDS Surveillance in the Europe and Eurasia Region: A Field Guide

Europe and Eurasia have some of the fastest growing epidemics in the world fuelled primarily by injecting drug use (IDU). This field guide was commissioned to collect, analyze, and use data better on the HIV/AIDS epidemic in the region. It is hoped that this practical guide will provide the basis for better understanding and improved response to the epidemic. It is based on activities carried out as part of an assessment of HIV/AIDS surveillance in the E&E region, which included visits to the Central Asian Republics of Kazakhstan, Kyrgyzstan, and Uzbekistan. The guide is structured as ten key steps in establishing a national HIV/AIDS surveillance system. 15 pp.

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9469&pid=3542>

8) Assessment of HIV/AIDS surveillance in the Europe and Eurasia region

To launch an effective response, health experts need good-quality surveillance data on the nature and magnitude of the epidemic, its principal modes of transmission, and the size and types of the most at-risk populations. Unfortunately, as asserted consistently by HIV/AIDS experts, Europe & Eurasia countries lack reliable data on the true incidence and prevalence of HIV in the region and on the size, nature, and location of those infected and affected. This report explores these issues. 99 pp.

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9467&pid=3542>

9) HIV / AIDS in Southeastern Europe: Case Studies from Bulgaria, Croatia and Romania

The purpose of this World Bank paper is to review the current status of the AIDS epidemics in ECC05 countries (Bulgaria, Croatia, and Romania), to evaluate the approaches and strategies currently being used in each country, and to make recommendations both for government strategies and for the Bank's current and potential future involvement in relation to these strategies. The paper is divided into three sections: 1) an overview of recent regional

perspectives; 2) a situation analysis and evaluation for each country including current strategies and implementation arrangements, and 3) a discussion of potential actions by the Bank. 50 pp.
<http://www.eurasiahealth.org/index.jsp?sid=1&id=8745&pid=3542>

10) HIV/AIDS in the Western Balkans: priorities for early prevention in a high-risk environment

In recent years, Europe and Central Asia (ECA) has seen the world's fastest growing HIV/AIDS epidemic. The Balkans countries and territories under study -- Albania, Bosnia and Herzegovina, Macedonia, Serbia and Montenegro, and the UN-administered Kosovo -- have reported over 2,000 HIV/AIDS cases since the beginning of the epidemic in 1985. In ECA, HIV/AIDS disproportionately affects the youth population: 80 percent of HIV infected people are 30 years old or younger. This study confirms that the Balkans region faces a triple jeopardy: 1) All structural factors are present to drive epidemics transmitted predominantly by heterosexual drug users; 2) Conflict and economic decline handicap the ability of governments and civil society to make an effective response; and 3) Old ideologies and vested interests are set against key elements of intervention known to be effective. 224 pp.
<http://www.eurasiahealth.org/index.jsp?sid=1&id=9464&pid=3542>

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2) Job announcements

1. HIV/AIDS Monitoring and Evaluating Specialist

World Concern, an international Christian relief and development organisation, seeks to appoint an HIV/AIDS Monitoring and Evaluating (M and E) Specialist with an advanced degree in a relevant discipline and applied skills in designing and implementing monitoring and evaluating activities and formative or operations research for integrated HIV/AIDS or related programmes in developing countries. The candidate will be based in the Kenyan capital, Nairobi.

REQUIREMENTS

- Must have a firm command of M and E issues related to populations of special interest (e.g. orphans, people living with HIV/AIDS, high-risk groups, mothers and children).
- The candidate must have demonstrable analytical skills and experience to identify and evaluate best practices and state-of-the-art approaches.
- Additionally, applicants must possess strong writing and organisational skills for reporting on programme and study results.
- Minimal three year commitment, with 5 year option.

Apply online at: <http://www.worldconcern.org/html/employmentForm.cfm>

Please include a resume under related skills and experience or send it to: hr@worldconcern.org.
Reference job number AF52

Reference Code: RW_6JMUC5-56
Closing date: 1 January 2006

2. Monitoring & Evaluation Specialist

Save the Children

Location:

Last Date: December 25, 2005

http://216.197.119.113/jobman/publish/article_15721.shtml

3. Director: Field Programmes

International HIV/AIDS Alliance

Location: Brighton, UK

Last Date: December 9, 2005

http://216.197.119.113/jobman/publish/article_15459.shtml

4. AKF Health Programme Officer

The Aga Khan Foundation

Location: Geneva

Last Date: December 30, 2005

http://216.197.119.113/jobman/publish/article_15294.shtml

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Posted December 9

Greetings,

There are four postings in this message:

- 1) OGAC World AIDS Day Release
- 2) Conference Announcements
- 3) Vacancy Announcement
- 4) Harvard School of Public Health short courses

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1) OGAC World AIDS Day Release [Please see attached for full version of the document]

World AIDS Day - December 1, 2005

Keeping the Promise to Support Treatment

Office of the U.S. Global AIDS Coordinator

For too long, people living with HIV/AIDS in the developing world have had very limited access to the life extending antiretroviral treatment more widely available in the West. According to the World Health Organization, only 50,000 of the 4.1 million sub-Saharan Africans who could benefit from anti-retroviral drugs were receiving them at the end of 2002. However, in 2003 – under President Bush's leadership and with Congressional support and the generosity of the American people – the President's Emergency Plan for AIDS Relief was launched. The Plan represents the largest international health initiative in history by a government dedicated to a single disease.

The President's Emergency Plan is a five-year, \$15 billion, multifaceted approach to combating HIV/AIDS, including bilateral programs in 123 countries around the world and support for multilateral organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Latest Treatment Results

America's urgent action and innovation are showing results:

- As of September 30, 2005, the President's Emergency Plan has supported antiretroviral treatment for more than 400,000 men, women, and children through bilateral programs in 15 of the most afflicted countries in Africa, Asia, and the Caribbean - turning the despair of suffering and death to the hope of health and life. More than 395,000 of those being supported live in sub-Saharan Africa. The U.S. continues to support treatment for more people than any other international partner in the world.
- Looking ahead, this continued early success puts the President's Emergency Plan well on track, scaling-up to meet the President's ambitious goal of supporting treatment for two million people in five years.

In Partnership with Our Host Nations

Reflecting the Emergency Plan vision of partnership with host nations, U.S. Government field staff work closely with partners to implement each nation's strategy for fighting HIV/AIDS. The Emergency Plan is committed to working with national strategies to build capacity in-country: over 80% of our partners are indigenous organizations.

Success is possible due to the leadership and dedication of the governmental and non-governmental sectors in host nations. In addition, host nations provide leadership with their own resources. The country-by-country results released today (see chart on page 3) were achieved by the work of talented and dedicated people in-country, including faith-based and other humanitarian organizations. The President's Emergency Plan is strongly dedicated to supporting their efforts.

Treatment Involves Far More Than Drugs

President Bush's Emergency Plan for AIDS Relief is committed to supporting national strategies through partnerships with host governments, non-governmental organizations (including faith- and community-based organizations), and the private sector, together providing the full spectrum of services required for quality treatment.

With Emergency Plan support and that of other partners such as the Global Fund, host nations are providing services that achieve results while building the local, sustainable capacity needed for the long term. The services and capacity expansion include:

- Trained clinical and laboratory personnel
- Counselors for treatment regimen adherence, prevention and healthy living
- Physical infrastructure including laboratory equipment
- Distribution, logistics and management systems for drugs and other commodities

An Integrated Approach

Despite tremendous progress, much remains to be done to expand treatment to those in need. Treatment brings hope that drives efforts in other areas such as prevention, counseling and testing, and care. President Bush's Emergency Plan for AIDS Relief is committed to integrated prevention, treatment and care - no one piece can stand alone.

- We are committed to prevention. The goal is to save lives before they are ever infected with the virus. In 2005, over 13,000 people were newly infected with HIV/AIDS around the world every day. Today, the U.S. supports the most diverse portfolio of HIV/AIDS prevention strategies of any international partner: in addition to the ABC strategies (abstain, be faithful, and correct and consistent use of condoms), the U.S. also supports programs that focus on mother-to-child transmission, on blood safety and safe medical injections, on intravenous drug users, on HIV-discordant couples, on women, on men, and on alcohol abuse, among other key issues.
- We are committed to care. There are some for whom treatment is not possible but care can help all those affected, especially orphans and vulnerable children. The Emergency Plan had set a goal to support care for over 1.1 million HIV positive persons and AIDS orphans and vulnerable children by June 2005, and was able to exceed this target, supporting care for over 1.7 million people through March 2005.
- We are committed to encouraging all people to get counseling and be tested. Only by being tested and knowing your status is it possible to get help. As of June 2005 the United States had supported HIV/AIDS counseling and testing services for over 3.5 million people.

Treatment Support: Meeting Needs as Defined by Host Nations

Citizens must lead and own the fight against HIV in their countries, which is why the Emergency Plan supports their efforts to reach the treatment goals within their national strategies. USG country teams consult with host governments and other partners to determine the appropriate role for the Emergency Plan – whether it consists of downstream support (including support for provision of treatment at specific sites) or upstream support (such as support for national laboratory, training and quality assurance systems).

It is important to note that the total numbers of people on treatment in some countries may exceed the numbers printed in the table below, if USG contributions support only part of the nation's total number on treatment. In addition, the resources of host nations and of other international partners, such as the Global Fund, provide further support for treatment. The U.S. is privileged to stand with our host nations in this fight and contribute to the overall success of their programs.

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2) Conference Announcements:

1. 14th INTERNATIONAL SYMPOSIUM on HIV & EMERGING INFECTIOUS DISEASES (ISHEID)

<http://www.focusing-first-on-people.com>

Toulon, France - June 21-23, 2006

"Focusing First on People" as the 2006 theme

Web site: <http://www.focusing-first-on-people.com>

2. THE GLOBAL FORUM FOR HEALTH RESEARCH, 10

Cairo, Egypt, from 29 October to 2 November 2006

The Global Forum for Health Research announces a call for abstracts of presentations for its 2006 annual meeting Forum 10

Theme: Combating disease and promoting health.

The deadline for receipt of abstracts is 31 January 2006.

For details and submission, please see our website at:

http://www.globalforumhealth.org/Site/004_Annual%20meeting/002_Forum%2010/002_Call%20for%20abstracts.php

3. EUROPEAN CONGRESS OF EPIDEMIOLOGY 2006

Utrecht, The Netherlands, from 28 June to 1 July 2006.

We are proud to invite you to the European congress of Epidemiology 2006 of the European Epidemiology Federation of the International Epidemiological Association (IEA-EEF). The congress is organized by epidemiologists of Utrecht University, under the auspices of the IEA-EEF, and in collaboration with the Netherlands Epidemiological Association.

The goal of this congress is to maintain the highest scientific quality of the presentations and promote the most advanced achievements in our field. Our aim is to provide a comprehensive and educational programme in the field of Epidemiology in Health Care and Public Health, and offer room for contemporary methods and innovations from the perspective of policy makers, professionals and patients. Above all, we want to stimulate open discussion among the congress participants.

Abstracts can be submitted on a wide range of topics (for example cardiovascular diseases, mental health, and pain syndromes), and disciplines (for example Public Health and Prevention, Clinical Epidemiology, and Occupational Medicine). About 100 abstracts will be selected for oral presentations during parallel sessions and about 300 abstracts will be selected for poster presentations during session breaks. The scientific programme includes educational workshops on selected topics, and there will be an opportunity to propose mini-symposia.

The deadline for receipt of abstracts is January 1, 2006.

Web site: <http://www.juliuscenter.nl/euroepi2006/>

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3) Vacancy Announcement

COMMUNICATIONS & OUTREACH COORDINATOR

Manoff Group, Inc.

Communications & Outreach Coordinator: SCMS Project

Arlington, Virginia, United States

Manoff Group is a subcontractor on the Supply Chain Management System (SCMS) Project, a USAID funded global technical assistance and commodity procurement project supporting the

President's Emergency Plan for AIDS Relief. SCMS is designed to provide one-stop shopping for HIV/AIDS supplies and supply-related services for use by HIV/AIDS programs funded by the Emergency Plan and other U.S. government entities combating HIV/AIDS.

Manoff Group is seeking a Communications & Outreach Coordinator to work with the Communications Unit of SCMS. He/she will be supervised by the Communications & Outreach Strategist, who will provide day-to-day management. The successful candidate will be employed by Manoff Group, Inc., but will work at the SCMS offices in Arlington.

The Communications & Outreach Coordinator has direct responsibility for technical support to country specific and DC-based initiatives that respond to implementation of global communications activities for the project.

RESPONSIBILITIES

1. Provide support to the Communications & Outreach Strategist and other C&O staff in the implementation of a global communications strategy, including a knowledge management (KM) plan and global outreach plan, by:
 - Assisting in the quality assurance of project materials by providing editing and proofreading support and reviewing materials for project branding compliance.
 - Assisting in the development, collection of information for, and production of project reports and deliverables to USAID, Office of the Global AIDS Coordinator, and other audiences.
 - Monitoring, collecting, and managing of project products including country level, relevant partner, and HQ materials, using KM systems and databases, as necessary.
 - Assisting in the maintenance and development of the SCMS website including editing, updating, collecting, and writing web content.
 - Participating in the development, updating, and production of global project materials including program highlights, newsletter, success stories, fact sheets, etc. for external and internal channels.
 - Assisting in the Preparation of project presentation and conference materials, using PowerPoint, PhotoShop, InDesign, and other graphics software as needed.
 - Developing a database of global communications dissemination lists of target audiences for specific products and messages.
 - Participate in overseas missions, as needed.
 - Assisting the Communications & Outreach Strategist with specific tasks as needed.
2. Provide administrative support for technical assistance activities, including:
 - Support to consultants for global and country work, such as securing travel and consultant approvals from USAID/W and Missions; facilitating travel arrangements; assisting in preparation of consultant contracts; and ensuring recovery of technical deliverables and expense reports.
 - Assistance in identifying, developing, and producing technical materials for and coordinating logistics and administration of field trainings and workshops, as needed.
3. Provide technical/administrative management for Project activities by:

- Participating in the implementation of knowledge management efforts in coordination with project management and the Communications & Outreach Strategist, which includes maintaining print and electronic records for the project and oversee management of internal file structure.
- Maintaining project dissemination lists and manage project materials dissemination.
- Assisting with the coordination of HQ and Field office meetings, including schedules, travel arrangements and materials production.
- Other duties as assigned that will forward the project objectives and mission.

QUALIFICATIONS

Applicants for this position should possess the following minimum qualifications:

- Bachelors’ degree and two to four years’ communications experience. Developing country work or health communications experience a plus.
- Excellent editing and writing skills and experience writing/editing for multiple audiences and technical levels (from basic educational levels to international advocacy arenas).
- Experience writing and updating website content.
- Experience formatting reports, briefs, presentations, and other basic products.
- Excellent English language skills. French or Portuguese language skills a plus.
- Fluency in the MS Office package, specifically MSWord, Excel, and PowerPoint. Experience with graphics and desktop publishing software (e.g., Acrobat, Dreamweaver, Photoshop, and InDesign) preferred.
- Ability to manage multiple projects and to work both independently and in a team setting.
- Experience working in multicultural work environment preferred.
- Strong organizational and communication skills and high productivity.
- Experience with USAID and/or other donor agencies highly desirable

This full-time position is based in Arlington, Virginia. Salary will be commensurate with experience and salary history. The Manoff Group, Inc., offers excellent benefits.

APPLICATION PROCEDURE

Please send cover letter and resume to mybossche@manoffgroup.com by December 19th.

The Manoff Group
 2001 S Street, NW, Suite 400
 Washington, DC 20009
 Ph: 202-265-7469 Fax: 202-745-1961
www.manoffgroup.com

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4) Harvard School of Public Health hosts the short courses:

Making Decentralization Work: Tools for Health Policy Makers and Managers

*****Important Dates - Mark Your Calendar*****

When: May 1-12, 2006

Where: Boston, Massachusetts, USA

Application Deadline: March 1, 2006

Course Directors: Thomas Bossert and Paul Campbell.

Purpose:

This course is designed for senior managers and policy makers who might not be able to attend lengthy degree courses in health policy and management. The issues encountered designing, implementing and managing a decentralization transition include: financial, strategic, and quality management, monitoring and evaluation, and teambuilding. Experienced Harvard faculty members have developed this two-week comprehensive workshop to better equip policy makers and managers to meet those challenges. The first week will address the policy level process while the second week will focus on enhancing management skills in the context of decentralization. Participants can elect to attend only the first week, however, everyone is encouraged to attend the entire two-week program if possible.

Who Should Attend:

This workshop has been designed for experienced, senior managers and policy-makers in developing and transitional economies. Officials who are concerned about implementing greater managerial autonomy in previously rigid government bureaucracies will find the experience very useful. Policy makers and managers will be expected from both government and non-government organizations.

Topics Covered:

- Health System Decentralization: Policy Options
- Finance and Expenditure Overview
- Introduction to Decentralization Framework
- Human Resources in Decentralized Health Systems:
- "Policy Maker," Managing the Political Process
- Strategic Management and Quality Management
- Leadership
- Negotiation and Conflict Resolution
- Managing Organizational Change

Click here for more information about the course and for an application.

Human Resources Strategies & Innovative Human Resources Management for Achieving Millennium Development Goals in Health

*****Important Dates - Mark Your Calendar*****

When: June 19-30, 2006

Where: Boston, Massachusetts, USA

Application Deadline: April 19, 2006

Course Directors: Thomas Bossert and Paul Campbell.

Purpose:

The Millennium Development Goals (MDGs) require a focus on human resources, critical to reducing infant and maternal mortality, as well as the incidence of tuberculosis, HIV/AIDS, and malaria. A lack of human resources capacity is a major barrier to the achievement of these MDGs. Health officials in all countries need to recruit and retain skilled health workers at all levels. They also need to strengthen educational and management systems and to creatively finance all of the above.

This course is specifically designed to address the MDGs by providing participants with new and innovative ways of addressing human resources policy and management issues. Individuals and country teams will learn from experts as well as peers from other nations and will develop their own draft country Strategic Plans for Human Resources. Until recently human resources training has focused on personnel management and on static models of planning for the public sector. This course, however, has been formulated to incorporate new and innovative strategies that include both the public and private sectors.

Who Should Attend:

This course is designed for experienced, senior public health officials and staff in developing and transitional economies who are involved in managing, developing strategies and in setting policy for human resources development. Applicants from both government and non-governmental organizations will benefit from this course. We encourage participation by teams of participants who can work together in the course to develop draft strategic plans for their own countries.

Topics Covered:

- Strategic Planning and Human Resources
- Financing Capacity for Human Resources
- Management Control and Human Resources
- Health Status and Human Resources
- Management Capacity and Human Resources
- Leadership and Institutional Change
- Education Capacity and Human Resources
- Conflict Resolution for Human Resources

Click here for more detailed information about the course and for an application.

How to Apply for Both Courses:

Click on the links above that follow the course descriptions.

Or scroll down to "**Spring/Summer 2006**" and click on the link under the Decentralization or the Human Resources course.

Or copy and paste the following address into your Internet browser:

<http://www.hsph.harvard.edu/ihsq/training.html>

and then click on the links under the Decentralization course and the Human Resources course.

Executive Short Courses Offered by IHSP

Winter 2005

Custom-Designed Courses

We design and offer courses that target your issues of interest in your specific country. In the past, we have designed courses that focused on Decentralization, Quality Improvement, Aging, Human Resources issues, etc., as pertaining to particular context. Please email us for more information at ihsg@hsph.harvard.edu

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Posted December 13

Greetings,

There are two postings in this message:

- 1) Your input needed: Call for information on HIV/AIDS Projects from Tanzania, Malawi, Mozambique and South Africa
 - 2) New releases
- =====

1) Your input needed: Call for information on HIV/AIDS Projects FROM Tanzania, Malawi, Mozambique and South Africa

1. Action: Call for information on HIV/AIDS Projects from Tanzania and Malawi Matthews, Zimbabwe

Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) is collecting information on HIV/AIDS Projects undertaking since 1980 or currently underway in Tanzania and Malawi. The projects can either be research based or intervention programmes.

This exercise is on behalf of The Southern Africa Regional Centre for HIV/AIDS Research and Training, (SAHART) and the information collected will feed into the SADC Regional Database on Institutions, HIV/AIDS Projects and Experts that SAHART is currently developing. Information on each project submitted should include:

- 1) Information about the Institution or organisation conducting the project
 - Name of organisation/ institution
 - Institutional profile
 - Contact details (physical and contact address, email and website)
- 2) Information about the project itself
 - Summary/Background
 - Objectives
 - Indicators

- Findings
- Project Design/ Methodology

3) Information about Investigators or Experts who worked on the project

- Name, Title, Affiliation
- Contact Details
- Qualifications

Please e-mail your information to verengai@safaidz.org.zw

2. Action: Developing a Database for SADC Region

SAHART, South Africa

The Southern Africa Regional Centre for HIV/AIDS Research and Training (SAHART) is developing a database of projects and research around HIV/AIDS in the SADC region.

CMFD productions has been tasked with collecting information for the database for South Africa and Mozambique. If you are working in HIV/AIDS in South Africa or Mozambique, please e-mail your information to tonya@cmfd.org

We are interested in information about institutions, organizations, research, projects, programmes, researchers and experts for the database. Please feel free to send weblinks, documents, directories, lists etc.

Institutions/ Organizations please send

- Name of organization/ institution
- Overview/ profile
- Contact information (including address and website)

Description of Projects or Research Documents Produced.

- summary
- objectives
- outputs/ findings
- design/ methodology
- who is involved.

Experts

- Name, Title, Affiliation
- Contact Information
- Qualifications
- Projects/ Research

For more information, please contact CMFD: tonya@cmfd.org

[intaidz] AF-AIDS eCorrespondent: Issue 5 covering October 2005

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2) New Releases:

1. From Commitment to Action on Poverty Reduction

<http://www.dfid.gov.uk/news/files/commitment-action.asp>

From Commitment to Action: a UK government report on accelerating progress on poverty reduction *21 November 2005*

Following the Gleneagles Summit and the Millennium Review Summit, DFID and the Treasury have prepared a paper called "From Commitment To Action". It sets out some key actions for donors to ensure that the commitments made in 2005 will make a difference in poorer countries. The paper has been sent by Hilary Benn to the World Bank, WHO and UNESCO as a contribution to the High Level Forum on Health and the Education for All High Level Group. The key findings and action points of the paper are -

- * if we are to achieve the Millennium Development Goals by 2015, we must accelerate progress dramatically in the coming decade
- * the G8 has committed to write off immediately the debts of 18 of the world's poorest countries, 14 of them in Africa
- * by 2015 all children should have access to quality primary education and should receive basic health care
- * the international community have committed to making substantial progress towards universal access to HIV/AIDS treatments by 2010 and to give more support to implementing the G8 water plan agreed at Evian
- * within developing countries, the political commitment to accelerating progress needs to be shared at the highest levels. Developing countries will have to make their national plans and policies more ambitious
- * none of these changes will take place unless developing countries are convinced that donor commitments will be realised and sustained over the long term

The paper focuses on what we as donors need to do now to enable developing countries to make more ambitious plans, based on their own needs and priorities, to reach the Millennium Development Goals.

Links:

- * <<http://www.dfid.gov.uk/pubs/files/g8-outcomes-overview.pdf>> Overview pdf document(155 kb)
- * <<http://www.dfid.gov.uk/pubs/files/g8-outcomes-education.pdf>> Educationpdf document(189 kb)
- * <<http://www.dfid.gov.uk/pubs/files/g8-outcomes-health.pdf>> Healthpdf document(154 kb)
- * <<http://www.dfid.gov.uk/pubs/files/g8-outcomes-growth.pdf>> Growthpdf document(317 kb)

Related links:

- * <<http://www.dfid.gov.uk/aboutdfid/DFIDwork/g8.asp>> DFID and the G8 Presidency 2005
- * <<http://www.dfid.gov.uk/news/files/devawareness/millennium-summit.asp>> Millennium Review Summit 2005
- * <<http://www.developments.org.uk/data/issue31/millennium-goals.htm>> External link, opens in new windowDevelopments magazine: 'Dramatic action' call on Millennium Goals

2. 3 by 5 treatment targets will not be met

With HIV/AIDS still rising and only 11 percent of the people who need ARV treatment able to access it, sub-Saharan Africa seems way off the [World Health Organization's \(WHO\) '3 by 5'](#) target.

The '3 by 5' initiative aims to provide three million people living with HIV/AIDS in developing countries with ARVs by the end of 2005. Dr Olive Shisana, CEO of South Africa's Human Sciences Research Council, told delegates at the third Social Aspects of HIV/AIDS Research Alliance (SAHARA) conference in Dakar, Senegal that the '3 by 5' initiative had not been more successful because of a generally low sense of urgency, and countries often did not have the capacity to absorb the increased resources available.

More details: <http://www.who.int/3by5/en/>

3. Central Asia Human Development Report 2005

This UNDP report examines how issues such as the spread of HIV/AIDS, poor governance, rising migration and increasing inequality are affecting economic and human development in Central Asia.

More details: <http://europeandcis.undp.org/?wspc=CAHDR2005%20>

4. [Network Epidemiology: A Handbook for Survey Design and Data Collection](#)

(International Studies in Demography) Martina Morris (Editor) Hardcover 252 pages (March 18, 2004) # Publisher: Oxford University Press # Language: English # ISBN: 0199269017

Book Description: For epidemiologists and public health professionals, the global epidemic of HIV/AIDS has provoked a fundamental re-examination of public health practices and the research needed to support them. This book documents and explains one of the remarkable breakthroughs in behavioural research design that has emerged to confront this new challenge: the network survey. It represents a paradigm shift in behavioural epidemiology, broadening the focus from the traditional "knowledge, attitudes, and practices (KAP)" of individuals to mapping the relational networks that spread infection, and constrain behavioural change. Eight pioneering network studies from around the world are reviewed, with an introduction that lays out the basics of network survey design, and a glossary of network terminology.

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Posted December 15

Holiday Greetings,

There are three postings in this message:

- 1) Online Tools and Resources

- 2) Recent Releases
- 3) In the News

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1) Online tools and resources

1. GlobalHealthFacts.org

<http://www.globalhealthfacts.org>

This new interactive tool provides easy-to-access data by country or region on HIV/AIDS, TB, malaria, and other key health and socio-economic indicators. Data are displayed in tables, charts and color-coded maps. The tool offers the ability to:

- Select countries using an interactive globe
- Create a custom set of indicators
- Download data to Excel

New indicators will be added in the coming weeks.

2. HIV/AIDS Survey Indicators Database

<http://www.measuredhs.com/hivdata/>

New Cameroon HIV/AIDS-related information

The most recent findings on HIV/AIDS-related knowledge, attitudes and behavior as well as on HIV prevalence based on the 2004 Cameroon Demographic and Health Survey are now available on-line at: [HIV/AIDS Surveys Indicators database](#). Data are broken down by international monitoring and evaluation indicators: The President's Emergency Plan, UNGASS, UNAIDS, and Indicators for Orphans and Vulnerable Children. For more details go to:

3. CD-ROM - Measuring Health Disparities

<http://www3.sph.umich.edu/mphtc/courses/one-online-course.cfm?id=103>

The Michigan Public Health Training Center (MPHTC) is pleased to announce the newly released CD-ROM "Measuring Health Disparities." This interactive, CD-ROM-based course is available free from the MPHTC and is a self-paced, interactive CD-ROM course which focuses on some basic issues for public health practice -- how to understand, define and measure health disparity. The CD-ROM's three-hour format enables a broad spectrum of participants to develop common ground for understanding health disparities, learn what various measures of health disparities reveal, and discover how to calculate these measures. There are interactive exercises and review questions to help guide and reinforce learning.

To receive this CD-ROM, go to <http://www3.sph.umich.edu/mphtc/courses/one-online-course.cfm?id=103> and register. If you have questions, email to: mphtc@umich.edu

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2) Recent Releases:

1. Global Fund: Substantial New Results

Data compiled on the performance of the Global Fund's 323 grants at the end of November provided concrete, positive documentation of the fact that where money is being invested,

treatment and prevention efforts against the three diseases are working. Newly compiled performance results show that as of end November, 384,000 people have begun Antiretroviral (ARV) treatment through Global Fund supported programs-- up from 220,000 six months ago, and nearly triple the number of ARV recipients funded by Global Fund resources one year ago. On average, data compiled shows that grants to combat all three diseases are exceeding targets set out in their respective grant agreements, which serve as the basis of the Global Fund's performance based grant evaluation. The new results show that the Global Fund grant portfolio is on the right track to achieve the projected five-year targets. More details: www.theglobalfund.org

2. Aid For Poor Often Goes To Rich In Developing World

World Bank Study

Many programs aimed at helping improve health and other conditions for the poor in developing countries end up benefiting the wealthier segments of the population, according to a World Bank study entitled, 'Reaching The Poor: What Works, What Doesn't, and Why' released on Wednesday, reports Agence France Presse. The study of programs in Africa, Asia, and Latin America found that both public and private services -- including those aimed at the disadvantaged -- "usually end up reaching people in better-off groups more frequently." The report found that in almost all of the more than 20 countries surveyed, "the richest 20 percent of the population received more of, or as much as, the government's subsidized maternal and child healthcare services as the poorest 20 percent." The report was sponsored by the Gates Foundation and Dutch and Swedish governments as well as the World Bank.

More details: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,date:2005-12-08~menuPK:34461~pagePK:34392~piPK:64256810~theSitePK:4607,00.html>

3. Policy brief on Health Technology Assessment

This new policy brief provides an introduction to Health Technology Assessment, addresses how it can be used in decision-making, and examines the role of evidence. It also details the structure of HTA institutes in Europe.

Available for download at <http://www.euro.who.int/Document/E87866.pdf>

4. International Trade in Health Services and the GATS: Current Issues and Debates

Edited by Chantal Blouin , Nick Drager , Richard Smith

World Bank , World Health Organization ISBN: 0-8213-6211-9 SKU: 16211, 2005

This book informs and assists policymakers in formulating trade policy and negotiating internationally. There is ongoing and animated international debate about the impact of GATS on public services in general and health in particular. In response, the book offers different perspectives from more than 15 leading experts. Some of the authors stress opportunities linked to trade in health services, others focus more on the risks. The book presents:

-Detailed legal analysis of the impact of the agreement on health policy

-An overview of trade commitments in health-related services

-New empirical evidence from nine country studies

-A simple 10-step explanation on how to deal with GATS negotiations. International Trade in Health Services and the GATS is a must-have resource for policymakers and other practitioners working in the trade and health sectors.

More details: <http://www.who.int/trade/resource/ITHS/en/>

5. Approaches to Healthcare Quality Regulation in Latin America and the Caribbean: regional experiences and challenges

Karen Askov Zeribi, Lani Marquez

Report No 63 the Latin America and Caribbean Regional Health Sector Reform Initiative. 2005

This paper was prepared by the Quality Assurance and Workforce Development Project (QAP) for the Latin America and Caribbean Regional Health Sector Reform Initiative.

The research was carried out through literature review and interviews with key informants.

While this research is certainly not exhaustive of this extensive subject area, it aims to provide insights into the challenges facing current initiatives in healthcare quality regulation and provide direction for the future....The main approaches to quality regulation have been used by governments and professional bodies to ensure, maintain, and improve the quality of healthcare: licensing, certification, and accreditation”.

Full version of the paper:

<http://www.lachsr.org/documents/approaches-to-healthcare-quality-regulation-in-latin-america-and-the-caribbean-regional-expe-EN.pdf>

[Global: Announcement] IBP Global Community Newsletter, December 12, 2005

6. Sex Work, HIV/AIDS and Human Rights in Central and Eastern Europe and Central Asia (in Russian and in English)

"Report warns of HIV crisis in Eastern Europe and Central Asia, if policies protecting sex workers and public are not created. It shows that in this region experiencing one of the fastest-growing and mainly drug use driven HIV epidemics in the world sex work, drug use, and HIV are inextricably linked. Comprehensive action and greater commitment is critical to prevent the spread of HIV among sex workers and into the general population, says the report produced by Central and Eastern European Harm Reduction Network."

Full version of the report: <http://www.ceehrn.org/index.php?ItemId=15504>

3) In the news:

1. Global AIDS Leaders Call for Lower Drug Prices, Increased Funding To Fight Disease After Release of New HIV/AIDS Data

Global HIV/AIDS leaders have said that new data on the pandemic released on Monday by [UNAIDS](#) and the [World Health Organization](#) highlight the need for increased access to antiretroviral treatment and HIV prevention programs, the *Washington Post* reports (Timberg, *Washington Post*, 11/22). The report, titled "[AIDS Epidemic Update: December 2005](#)," estimates that the total number of HIV-positive people worldwide has reached its highest level ever, increasing from 39.4 million in 2004 to 40.3 million currently.

http://www.kaisernet.org/daily_reports/rep_index.cfm?DR_ID=33887

2. Myanmar Facing TB, Malaria, HIV/AIDS Crises, U.N. Representative Says

Myanmar has become a "hot spot" for various infectious diseases

-- including malaria, tuberculosis and HIV/AIDS -- because the country lacks the resources to improve its health care infrastructure, U.N. Resident Coordinator in Myanmar Charles Petrie said on Tuesday, the AP/INQ7.net reports. Most of Asia's malaria cases occur in Myanmar, and cases of multi-drug resistant TB are increasing in the country. In addition, more than one-third of

commercial sex workers and injection drug users in the country are believed to be HIV-positive, the AP/INQ7.net reports.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34189

3. Myanmar Health Minister Calls Global Fund's Decision To Terminate \$98M Grant 'Unwarranted'

Myanmar Health Minister Kyaw Myint has "strongly criticized" the Global Fund To Fight AIDS, Tuberculosis and Malaria for its recent decision to terminate grant agreements with the country, calling the action "uncalled for and unwarranted" and saying the withdrawal would affect "people on the streets," who are hardest hit by the diseases, the Financial Times reports (Kazmin, Financial Times, 11/18). The Global Fund in August announced that it was suspending its grants to Myanmar -- also known as Burma -- citing travel and other restrictions implemented by the country's military-controlled government that impede the delivery of medical supplies and services. The fund in 2004 pledged to spend \$98 million over five years to fight the three diseases in the country (Kaiser Daily HIV/AIDS Report, 8/23).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=33906

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Posted December 19

Holiday Greetings,

There are three postings in this message:

- 1) Vacancy Announcement
- 2) Online Tools and Resources
- 3) Recent Releases and News

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1) Vacancy Announcement: HIV/AIDS Response Director - Ethiopia

World Vision Ethiopia (WVE), an international NGO, seeks an HIV/AIDS Response Director to help establish, coordinate HIV/AIDS response programmes, and establish and maintain networks with major donors and key stakeholders for HIV/AIDS responses in Ethiopia.

RESPONSIBILITIES

- Develop HIV/AIDS response policies, programme strategies and work plans
- Develop response programmes as per the WVE policy and strategy
- Ensure that all response programs are in line with WVE and national policies and guidelines
- Conduct site visits and provide feedback for programme improvement
- Compile regular technical status reports on WVE HIV/AIDS projects
- Identify partnership opportunities and leverage funding from different donors

REQUIREMENTS

- Masters degree or equivalent in public health, social sciences
- At least five years of HIV/AIDS response experience, public health and community development
- Working experience with children under difficult circumstances

VACANCIES CONTACT

Apply online through the employment web page on the World Vision International website:
<http://www.wvi.org/wvi/employment/employment.htm>

Applicants experiencing technical difficulties with the site should contact:
 Africarecruit@wvi.org Please list 'Technical Difficulties' in the subject line.

Reference Code: RW_6K3HDM-6
 IRIN PlusNews Weekly Issue 264, 16 December 2005

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2) Online Tools and Resources:

1. Strategic Information/ Monitoring and Evaluation Field Officer Website

This Website provides information and materials regarding strategic information (SI) and monitoring & evaluation (M&E) of international HIV/AIDS-related programs. This resource is regularly updated with new materials. These materials are intended to be used by various audiences in a variety of ways.

Access the site: <http://www.globalhiveevaluation.org/>

2. The Global Guidelines Project

The Global Guidelines Project's web site includes information on preventing, diagnosing and treating HIV/AIDS, tuberculosis, malaria and HIV/hepatitis co-infection worldwide.

Access the site: http://www.globalguidelines.org/global_guidelines.html

3. DatelineHealth-Africa.Net

The Tools and Resources page for African Journalists and Educators at the Datelinehealth-Africa web portal has been updated with new resources/links on ongoing awards, fellowships, scholarships, internships, grants and other support.

To access this resource:

http://www.datelinehealth-africa.net/betav1.0/resources/journalist_educator.asp

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3) Recent Releases and News:

Children suffer despite growing humanitarian efforts - UNICEF

Most of the world's children are falling through the cracks in schooling and healthcare programmes, even as global efforts became more focused on improving their lives, the UN Children's Fund (UNICEF) said in a new report on Wednesday.

In its 'State of the World's Children 2006' the agency charged that "virtually invisible" boys and girls were still the victims of a plethora of abuses, including sexual exploitation, trafficking and treatable diseases such as HIV/AIDS.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5553>

Guardian Examines Challenges To Reducing Mother-to-Child HIV Transmission in Mozambique

London's *Guardian* on Saturday examined the hurdles Mozambique is facing in trying to reduce mother-to-child HIV transmission. About 35,000 infants contract the virus from their mothers annually in Mozambique, and only 3% of women in the country were tested for HIV in 2003, the *Guardian* reports. Clinics are able to reduce the risk of vertical HIV transmission by giving pregnant women and their newborns the antiretroviral drug nevirapine and by performing caesarean-section deliveries. However, the costs and risks associated with c-sections have prevented some clinics from performing the procedure.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34269

Agence France-Presse Examines Doctor Shortage in Malawi

Agence France-Presse on Wednesday examined the "uphill battle" Malawi faces in training and retaining doctors, who are "badly needed" to provide basic care and fight HIV/AIDS. Malawi has a population-to-doctor ratio of 64,000-to-1, half of the country's 28 district hospitals have no physicians, and a recent survey from the country's [Ministry of Health and Population](#) said the country has only 139 doctors in the public health sector and needs at least 433. The government had hoped doctors trained at a \$25 million college in Blantyre, Malawi, which opened in 1991, would stay in the country to practice, but "poor pay and a difficult working environment have conspired to spur on the flight of doctors," *Agence France-Presse* reports.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34303

World Bank Funding for HIV/AIDS Up; Bank To Remain Major Financier of Efforts, Report Says

Resources to fight HIV/AIDS around the world have increased rapidly in recent years, from \$300 million in 1996 to \$8 billion this year, according to a [World Bank](#) report released on Wednesday at the [14th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa](#) in Abuja, Nigeria, *Xinhuanet* reports. The report, titled "[The World Bank's Global HIV/AIDS Program of Action](#)," says funding for HIV/AIDS efforts in Africa has increased from an average of \$10 million annually a decade ago to more than \$250 million annually over the last four years. The report said the bank has demonstrated its ability to institute AIDS programs in post-conflict countries, often more quickly than other financing systems, and also has the capability to lend money to middle-income [International Bank for Reconstruction and Development](#) countries that are "ineligible for other sources of financing."

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34216

Zimbabwe HIV/AIDS Prevalence, Incidence Declined In 2004, UNAIDS Report Says

HIV/AIDS prevalence and incidence in Zimbabwe declined in 2004 because of a change in sexual behavior, notably a "substantial increase" in condom use and an "increase in faithfulness," according to a report released on Wednesday by [UNAIDS](#), *IRIN* reports. The report -- titled "Evidence for HIV decline in Zimbabwe" and conducted by a team that included researchers from [Imperial College London](#) -- says the HIV prevalence rate among pregnant women dropped from 26% in 2002 to 21% last year. The data show that prevention programs targeted at

changing sexual behavior helped to cut incidence rates, UNAIDS epidemiologist Peter Ghys said.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34217

KAISER WEEKLY HIV/AIDS REPORTS

Friday, December 9, 2005 thru Thursday, December 15, 2005

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Posted December 21

Dear AIMEnet Members,

We would like to remind you that the AIMEnet listserv can and should be used as a forum for asking questions, sharing best practices and exchanging members' HIV/AIDS M&E experiences. Many of you expressed your interest in having these exchanges on AIMEnet. So we would like to further encourage you to participate fully in the Network.

Please send your questions, comments, information you would like to share to moderator@AIMEnet.org

Thanks again for your membership and we look forward to hearing from you,

AIMEnet moderators

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Posted December 22

Greetings!

The September-November 2005 report for the HIV/AIDS M&E Network (AIMEnet) Listserv is below. We continue to grow (more than 100 new members this quarter!) and are coordinating with many partners including the METAT facility, SI/M&E Field Officer Website and the Roll Back Malaria Monitoring and Evaluation Reference Group who used AIMEnet as an example in setting up their new Malaria M&E e-network.

Please send us resources, tools, questions, announcements and best practices related to M&E of HIV/AIDS to post on the listserv as well as suggestions.

Thank you again for your assistance and support, please let me know if you have any questions or would like to discuss this at all: margaret.r.janes@orcmacro.com or 1.301.572.0543

Wishing you happy holidays!

All the best,
Maggie Janes
margaret.r.janes@orcmacro.com
moderator@AIMEnet.org

September-November 2005 AIMEnet Listserv

-561 Members (as of December 21, 2005); 70 countries represented; several regions represented (Asia, Eastern Europe and Central Asia, Latin America, the Caribbean, East, West and South Africa, USA, Europe); members include representatives from: NACs/MOH, Min of Planning and Finance, donors, NGOs, universities, CBOs, PRs, CCMs, consultants, research institutions, students, consultants, researchers and others.

-118 new members added since September 1, 2005.

-38 postings.

Successes:

-AIMEnet served as a best practice for the Roll Back Malaria Monitoring and Evaluation Reference Group M&E of Malaria Programs listserv (MalariaME@who.int) that was started this quarter, moderated by RBM/WHO.

-Actively coordinating with the UNAIDS METAT (TA and training facility) to post technical assistance requests as necessary-- 7 requests were filled with AIMEnet assistance since April 2005 and others have been posted.

-Participants from 8 HIV/AIDS and PHN M&E Workshops were invited this quarter, including participants from the UNAIDS M&E Field Officer Orientation/Workshop in October 2005.

-AIMEnet archives are posted to the METAT facility library and AIMEnet is prominently advertised and will be posting archives on the SI/M&E Field Officer website in the future.

-Ongoing discussions regarding AIMEnet automatic postings/archives is being coordinated with METAT and the SI/M&E Field Officer Website.

-Successful coordination with DHS staff in co-moderating, Svetlana Negroustoueva:

Svetlana.Negroustoueva@orcmacro.com is the co-moderator.

-Quarterly statistics are sent to members as well.

Challenges:

-Everything has been running smooth.

Next Steps:

-Implement the forum discussion suggestions from the survey responses: Explore ARV monitoring and the US Emergency Plan for AIDS Relief program (both requested by several members from the AIMEnet member survey) for the next targeted discussion, hopefully in late January or early February 2006.

-Continue to send the AIMEnet flyer to be publicized during meetings/workshops, explore posting the flyer to the www.AIMEnet.org site as a one-page advertisement and post on METAT; post archives on METAT and SI/M&E Field Officer Website.

-Continue to collaborate/learn from other e-networks for new and creative approaches to offer AIMEnet members: METAT, SI/M&E Field Officer Website and other partner online networks (HDN, IBP etc).

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Posted December 29

Holiday Greetings,

There are two postings in this message:

- 1) 3rd RHINO Workshop: Upcoming Deadline for Submitting Registration
- 2) Vacancy Announcements

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1) 3rd RHINO Workshop: Deadline for submitting registration forms January 6, 2006

The deadline for submitting registration form for the 3rd RHINO workshop is next *Friday, January 6, 2006*.

Third International RHINO Workshop
Information for Action: Facility and Community Focus
26 February - 3 March 2006
Chiang Rai, Thailand
Registration Form Deadline: January 6, 2006
[SEE ATTACHMENTS]

The Routine Health Information Network (RHINO) will hold its third international workshop from February 26 to March 3, 2006 in Chiang Rai, Thailand. The workshop focuses on data collection and information use at community and facility levels of the health care system. Together the community and facility represent the service delivery interface of the health system, meaning the level "where action takes place". The workshop will be organized through the USAID funded MEASURE Evaluation Project, in collaboration with the Ministry of Public Health of Thailand, Mahidol University, and the Institute of Medical Research of Thailand. The workshop will bring together managers, experts, and academics working in the field of routine health information systems (RHIS) with the following objectives:

- To examine lessons learned and best practices and advance the state of the art related to the production of quality data at community and facility levels as well as to the use of the information for evidence based decision making related to individual and community health interventions.
- To reinforce RHINO as a network to advance the state of the art in RHIS development on a continuous basis via sharing of knowledge and experiences.

The workshop will be organized around five thematic groups:

- Community level
- Primary care level
- Hospital level
- HIV/AIDS interventions
- Maternal, neonatal, and child health

For each of these thematic groups, the workshop will explore these significant cross-cutting issues: · Information needs and demand · Data collection and quality · Information use · Quality of services · Integration of information systems · Innovative use of information technology in RHIS

Attached you will find detailed workshop description and registration form.

Thailand

Thailand has developed an extensive "culture of health information" with widespread collection and use of information at all levels. Thailand has an extensive network of community health volunteers and health workers who collect and use detailed information on health problems and interventions. This will provide a rich learning environment for the workshop.

If interested, please return filled-in Registration Form by Friday, January 6, 2006 to me. Forms are acceptable via post, e-mail and fax.

Interested participants can get additional information from RHINO website (www.rhinonet.org) or contact:

Munira Siddiqi (msiddiqi@jsi.com)
RHINO Manager
John Snow Inc. (JSI)
1616 North Fort Myer Drive, 11th Floor
Arlington, VA -22209
Phone: 703 528 7474
Fax: 703 528 7480

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2) Vacancy Announcements

1. US Fund for UNAIDS recognizes that quality and effectiveness of its programs arises from the energy and creativity of an experienced staff. We are committed to maintaining this strength by maximizing the potential of each employee. We provide an environment that values and promotes excellence, personal integrity, responsiveness, and respect.

Location: INTERNATIONAL

Fringe Benefits: See Bottom

-Category: RELIEF & DEVELOPMENT

Remunerations: US\$106,352-US\$118,407

Position: MONITORING AND EVALUATION OFFICER

Description

The Monitoring & Evaluation Officer, will provide technical support in the implementation of the Basic Education Program's overall M&E system that will ensure efficacious collection and processing of data relevant to the program's Performance Monitoring Framework. The M&E Officer will be the record Manager and lead person for the reporting and dissemination of program information which would include, but not be limited to, periodical publications and documentation of lessons learned and success stories. S/he will maintain an electronic data base

tracking program results for donor and other reporting purposes. The M&E Officer will assist local implementing NGOs and institutions in conducting self-assessments, and building their capacity in the areas of monitoring and evaluation, development of indicators, data collection, analysis and interpretation of data for use by education managers, supervisors, teachers and policy makers. S/he will also assist in developing an Education Management Information System within SBEP operational areas.

Qualifications

BS with 3 years experience in applied research, M&E in developing countries; proficiency in utilization of relevant software applications including SPSS and Access; 3 years experience working with national scale programs or large scale NGO education programs, ability to collaborate with people and organizations of diverse background; strong planning and communication skills; experience in conducting both qualitative and quantitative surveys/studies; sound physical conditioning, sufficient to walk for extended periods of time with a day pack.

-Category: PROJECT & DEVELOPMENT

Remunerations: US\$158,269-US\$164,860

Position: COUNTRY DIRECTOR

Description

US Fund For UNAIDS is seeking a Country Director (CD) to lead its international program and operations. The CD is responsible for providing overall leadership and direction of organizational programs including the following responsibilities: lead, develop and manage long-range strategic plans in-line with our global vision, mission and strategies; supervise and develop staff; direct the management and accounting for all financial and other resources; develop and direct fundraising efforts; and, develop and strengthen relationships between the office and external partners and donors and with other parts of US Fund For UNAIDS. The CD will also promote and lead the organizational evolution of our presence in the assigned region. CI has a mature development program in the assigned region focused on civil society development, education, water and agriculture. The CD will need to focus on 2 particular priority areas during the upcoming period: (1) continuing the country office's move into the areas of good governance, advocacy and rights based approaches; and (2) organizational evolution, including the option of registering as a local NGO and supporting the country office's focus on local corporate fundraising. The position requires at least 15% travel to US Fund For UNAIDS assigned region.

Qualifications:

BS in development or a related field (MS Preferred); 3 years of development senior management experience; Strong strategy and organizational development skills and experience; good understanding of key programming areas such as civil society, governance, education and rights-based approaches; skills and experience in general management including HR, finance and administration; excellent leadership, team-building, representation, communications, and inter-personal skills; fluency in English.

-Category: PREVENTION & MITIGATION

Remunerations:US\$138,757-US\$145,965

Position: DIRECTOR, PREVENTION & MITIGATION

Description

To provide leadership to US Fund For UNAIDS' funded HIV/AIDS prevention programs and manage the HIV/AIDS Prevention and Mitigation Division within the HIV/AIDS Technical Support Department, ensuring the appropriate application of theory and best practice to the design and implementation of prevention and mitigation interventions within comprehensive HIV/AIDS programs. Responsible for providing technical assistance to developing country governments, institutions, NGO's and partner organizations in any aspect of HIV/AIDS program management, implementation and application of best practices. Works with partners and stakeholders to develop new and scale up existing HIV/AIDS programs. Provides sound technical expertise, leadership and facilitates development and exploitation of links and synergies between HIV/AIDS and other sectors and health programs as appropriate. Excels in one or more areas of expertise related to HIV/AIDS including but not limited to: Prevention, Prevention of Mother to Child Transmission, Clinical/Community Care, ART, Voluntary Counseling and Testing, Behavior Change Communication, Training or Monitoring and Evaluation.

Qualifications

MD with public health degree or 3 years equivalent experience in the public health; or Master's degree in relevant technical discipline; and at least 3 years professional health care experience including specialized experience in HIV/AIDS prevention programs in developing country settings and management experience. Experience must reflect the knowledge, skills and abilities.

-Category: CLINICAL RESEARCH

Remunerations: US\$105,395-US\$119,622

Position: RESEARCH ASSOCIATE

Description

Works closely with senior research staff to develop, implement, monitor, manage and/or analyze complex and other research studies; designs research management systems. Ability to perform regionalized travel at an average of 65%, depending on project needs.

Qualifications

BS/BA in public health or related field and 3 years relevant experience in research methods and application; or MS/MA /MPH and 3 years relevant experience. Experience needs to include 1-2 years of on-site clinical monitoring experience. Phase II clinical trial monitoring experience and infectious disease therapeutic experience preferred.

-Category: INFORMATION TECHNOLOGY

Remunerations: US\$109,781-US\$120,475

Position: PROGRAMMER

Description

US Fund For UNAIDS is seeking applications for the position of Programmer. The programmer will be responsible for assisting in writing software programs in Delphi for custom applications of methodologies based on social science principles, especially an original model developed by US Fund For UNAIDS that uses qualitative and quantitative data in a common framework. The programmer should be able to produce user interface screens that allows for the manipulation of inputs and outputs based on how the data is used in the evaluation of social science principles.

Qualification

College degree in computer technology/programming or a related field, or a certificate in programming from a credited technical school, or demonstrable computer programming experience At least 3 years work experience in programming, including interface design, client/server database design, custom component integration and use, and text retrieval using Boolean phrases (i.e., use of products such as DT Search and Rubicon2) HTML, XML, and Nexus preferred but not required Strong analytical and problem-solving skills The ability to work collaboratively with technical and non-technical staff Good organizational and interpersonal skills Capacity to manage time and work well under pressure Strong communication skills Background in social science preferred but not required.

-Category: INFORMATION TECHNOLOGY

Remunerations: US\$118,344-US\$128,032

Position: SOFTWARE ENGINEER

Description

The US Fund For UNAIDS is seeking a highly experienced candidate for the position of Software Engineer. As a member of multi-disciplinary teams, the successful candidate will look for, study, appraise, and supervise projects in the IT sector which we considers financing.

Qualification

An advanced degree in Computer Science or any related engineering field. Broad minimum experience of 5 years of worldwide operational/managerial experience with international IT companies and familiarity with the management aspects of the IT industry. Experience in financial development software, as well as in evaluation and analysis including a sound and working knowledge of the industry. Qualifications must include excellent communication skills both written and verbal in English.

CORE BENEFITS

Comprehensive Medical Plans

Dental Insurance

Vision Coverage

Relocation/Resettlement package

Group Life & AD&D Insurance

Long Term Disability

Medical and Dependent Care Reimbursement Accounts

Dependent Life Insurance
Business Travel Insurance
Supplemental Personal Accident Insurance
Supplemental Disability & Life Insurance
Paid Vacation, Sick, and Parental Leave
Tax Deferred Annuities
Pension Plan (employer sponsored)

SECONDARY BENEFITS (will vary depending (qualification & work location))

Public Transportation Program
On-Site Fitness Center
Local Credit Union Membership
Health & Wellness Program
Employee Assistance Program
Qualified Tuition Programs

TO APPLY: Please submit a cover letter and resume including 3 referees via Email or Fax to:
Office of the Human Resources
US Fund For UNAIDS
517 Madison St. Seattle 98104
Washington
Fax: 1 206-312-0109
Email: office@us-unaid.int.ms

As an equal opportunity employer, US Fund for UNAIDS encourages women especially those from under development countries to apply. We thank all applicants for their interest. We will contact ONLY those candidates whose skills and experience best match the requirements of the various positions.

2. Technical Advisor
Elizabeth Glaser Pediatric AIDS Foundation
Location: Lesotho
Last Date: January 20, 2006
http://216.197.119.113/jobman/publish/article_16498.shtml

3. Public Health Analyst (HIV/AIDS and Infectious Diseases)
John Snow Inc.
Location: Washington DC
Last Date: January 20, 2006
http://216.197.119.113/jobman/publish/article_16484.shtml

4. Fund Portfolio Manager
Global Fund to Fight AIDS, Tuberculosis and Malaria
Location: Geneva, Switzerland

Last Date: December 23, 2005
http://216.197.119.113/jobman/publish/article_16255.shtml

5. Network Facilitator, HIV/AIDS
UNDP / BDP, Policy Coordination Unit
Location: New York, USA
Last Date: December 20, 2005
http://216.197.119.113/jobman/publish/article_16308.shtml

6. Regional monitoring and evaluation specialist
International Federation Terre des hommes (IFTDH)
Location: Budapest, Hungary
Last Date: January 15, 2006
http://216.197.119.113/jobman/publish/article_15863.shtml

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Posted January 3

Greetings,

There are two postings in this message:

- 1) Request for information from AIMEnet member
- 2) Recent releases

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1) Dear AIMEnet members. Below please find a request for information. Please respond directly to Claude: claudekasonka@yahoo.com with a copy to AIMEnet moderator: moderator@AIMEnet.org

Hello,
MEASURE Evaluation will be conducting an M & E training workshop in Pretoria, South Africa from 27th March - 7 April 2006. I am interested to attend this workshop. MEASURE Evaluation has very limited fellowships and is encouraging most of the prospecting participants to source funding elsewhere. Does anyone know specific organisations that could fund individuals to attend such an important workshop? I am from Zambia and practicing M & E in HIV/AIDS at a national level.

Thanks,
Claude

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2) Recent releases:

1. The "**HIV/AIDS Getting Results**" series shares what we are learning in our AIDS work with our partners. Examples of World Bank HIV/AIDS work with countries and other partners.

Monitoring & Evaluation:

- [Malawi - Developing a National Multisector HIV/AIDS Monitoring and Evaluation System](#) (PDF 332kb)
 - [Malawi NAC HIV/AIDS M&E Plan B: Operations Plan](#) (PDF 1.30MB)
 - [Shortcut Guide](#) (PDF 327kb)
 - [Guidelines for Implementers - HIV/AIDS Activity Reporting](#) (PDF 442kb)

Procuring and managing ARV drugs and other supplies is an essential part of expanding access to antiretroviral treatment. This note describes what the Bank, WHO, Global Fund and other partners are doing to build country capacity in this key area.

Scaling Up:

- [Procuring AIDS Drugs and Supplies](#) (PDF 71kbb)
 - [Global Price Monitoring for ARVs Report](#) (PDF 1.29MB)
 - [Handbook on Supply Chain Management for HIV/AIDS Medical Commodities](#) (PDF 754kb)
 - [Battling HIV/AIDS: A Decision Makers Guide to the Procurement of Medicines and Related Supplies](#)

2) "Standards-Based Management and Recognition-A Field Guide: A Practical Approach for Improving the Performance and Quality of Health Services"

Edgar Necochea and Débora Bossemeyer.

The purpose of this field guide is to present a streamlined, step-by-step process, along with practical tools and other resources, for improving the performance and quality of health services using the Standards-Based Management and Recognition (SBM-R) approach. SBM-R involves the systematic use of performance standards as the basis for the organization and functioning of these services, and the rewarding of compliance with standards through recognition mechanisms. This field guide is designed to answer questions such as: What types of standards are really useful to local providers and managers? How can they be implemented in a practical way? How can the improvement process be supported?

The guide is designed for managers and frontline providers of service delivery organizations in both the public and private sectors. It has also been developed for use by central, provincial/regional or district health managers who wish to improve the services for which they are directly responsible. Other potential users of this material include advocacy groups that represent the health interests of clients and communities, and organizations that provide technical assistance for performance and quality improvement.

Training materials to accompany the field guide are available in the "Standards-Based Management and Recognition (SBM-R) Facilitator's Handbook" by Débora Bossemeyer, Edgar Necochea and Julia Bluestone. This handbook, published on CD-ROM, provides basic information and tools on how to improve the performance and quality of health services using

the SBM-R approach. The handbook differs from a traditional training package in the following ways:

- * It is composed of three modules, allowing facilitators flexibility in planning and implementing their programs over a period of months.

- * The modules contain minimal theoretical content, and instead focus on exercises and activities that allow participants to practice applying the principles of SBM-R.

- * The modules offer programmatic guidance, including practical next steps and activities to be implemented at the facility level between workshops on the modules.

- * The modules provide suggestions for implementation that can be tailored to program-specific needs rather than required activities that must be followed exactly.

In addition to the modules, the CD-ROM contains sample assessment tools (for infection prevention, maternal and child health, voluntary counseling and testing for HIV, etc.) that have been used successfully in JHPIEGO programs throughout the world.

For information about ordering these publications, please e-mail: orders@jhpiego.net.

3. AEI Report on Effects of Brazil's Antiretroviral Treatment Program

"[Brazil's AIDS Program: A Costly Success](#)," [American Enterprise Institute](#): The report, written by AEI Resident Fellow Roger Bate and [Africa Fighting Malaria](#) Director Richard Tren, examines the "tactics favored by the Brazilian government" to reduce antiretroviral treatment costs as part of its "widely respected AIDS treatment program."

http://www.aei.org/publications/pubID.23576/pub_detail.asp

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Posted January 5

Greetings,

There are two postings in this message:

- 1) Regional Workshop on Monitoring and Evaluation of HIV/AIDS Programs-South Africa
- 2) Recent Publications

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1) Regional Workshop on Monitoring and Evaluation of HIV/AIDS Programs

March 27-April 7, 2006

Pretoria, South Africa

USAID's MEASURE Evaluation Project is pleased to announce a training opportunity for the Anglophone Africa region. The School of Health Systems and Public Health at University of Pretoria in Pretoria, South Africa is offering a regional workshop on Monitoring and Evaluation of HIV/AIDS Programs. This two-week course will take place March 27 – April 7, 2006 and will be taught in English.

The workshop will offer intensive training that will cover the fundamental concepts and tools for monitoring and evaluating HIV/AIDS programs. The workshop will include sessions on: The Role of Strategic Information in Decision Making; M&E Frameworks; Indicators; Information Systems; Evaluation Designs; Developing M&E Plans; Selecting, Calculating and Interpreting Indicators; and Facilitating the Use of Strategic Information. In addition, modules on program areas and cross cutting issues appropriate for the Anglophone Africa region will also be included. Hands-on experience in designing monitoring and evaluation plans will be gained by doing exercises, and working in small groups throughout the workshop. The participant groups will present the results of their projects during the final day of the workshop. The course is designed for national and sub-national level M&E professionals and their counterparts, assistants and advisors who are involved with the implementation of HIV/AIDS programs.

The fee for the workshop is course is US\$2,200. This fee does not include living expenses, airfare, visa fees, or other expenses. A limited number of MEASURE Evaluation fellowships are available for qualified applicants who are citizens of USAID-assisted countries. **Please note that the application deadline is February 3, 2006.**

Please refer to the attached brochure for additional information. Feel free to contact the MEASURE Evaluation Training and Communications Officer with any questions regarding this training opportunity (measure_training@unc.edu).
[SEE ATTACHMENTS FOR DETAILED NFORMATION AND APPLICATION FORMS]

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2) New Publications:

1. A Guide for Monitoring and Evaluating Child Health Programs.

Despite major improvements in child survival over the past 25 years, more than 10 million children die each year before the age of five, often from diseases or conditions that can be easily prevented or treated. The Guide for Monitoring and Evaluating Child Health Programs collects 130 indicators that standardize ways to chart the impact of child health programs on those diseases and conditions—indicators explain how to track progress in child immunization, newborn health, nutrition and growth promotion, treatment of diarrhea and pneumonia, prevention of HIV in infants and young children, and malaria control.

The guide also presents indicators for monitoring and evaluating integrated approaches to the management of childhood illness and disease surveillance.

Developing the guide involved consolidating indicators among numerous program areas and achieving consensus on how to measure whether children’s health needs are being addressed. This consensus-building effort was coordinated by USAID, the World Health Organization (WHO), and MEASURE Evaluation, and co-financed by USAID’s Office of Health, Infectious Diseases and Nutrition and WHO.

To request a free copy of the Child Health guide or download a PDF version of the guide, visit www.cpc.unc.edu/measure. MEASURE Evaluation offers more than 250 publications related to monitoring and evaluation of population, health, infectious disease, and nutrition programs.

2. Advocacy Guide on Global Fund Financing

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is a major funder of HIV/AIDS programming in developing countries. The Global Fund is likely to experience a shortfall in its resource needs for the period 2005 to 2007 unless action is taken immediately to address the problem. The purpose of this guide is to provide advocates and activists in both developing and developed countries with (a) information on the current situation with respect to funding; and (b) suggested advocacy strategies to counter the anticipated shortfall. Advocacy is obviously needed to ensure that donor governments increase their contributions to the Global Fund. But advocacy is also needed to ensure that projects financed by the Fund are successfully implemented, because unsuccessful projects will reflect badly on the Fund and may make donors hesitant to contribute additional resources. 18 pp. (In English and Russian)

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9507&pid=3542>

3. Medical Assessments and Public Health Reports from the Former Soviet Union

A collection of assessment reports on the state of health in the various countries of the former Soviet Union. Additional topics include: humanitarian assistance; visiting nurses helping the elderly survive; aid to refugees from the former Soviet Union; linking relief to development. 412 pp.

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9500&pid=3542>

4. CBO/FBO Capacity Analysis: A Tool for Assessing and Building Capacities for High Quality Responses to HIV/AIDS, CORE Initiative, Washington, D.C., U.S.A., 2005

5. Intensifying HIV Prevention - UNAIDS Policy Position Paper, UNAIDS, Geneva, Switzerland, 2005

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Posted January 9

Greetings,

There are three postings in this message:

- 1) Online Resources
- 2) Invitation for Civil Society Nomination to attend UNGASS Review
- 2) In the News

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1) Online Resources:

1. The December 2005 edition of the **Free Information Resources Bulletin** is now available at Eurasia Health Knowledge Network

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9510&pid=8347>

This bi-monthly Bulletin provides information on different types of publications – manuals, monographs, books, journals, CD-ROMs and other resources – available for free in hardcopy or electronic format for healthcare professionals from developing countries.

2. The latest addition to the **Health-e News** site includes selected health-related reports, statistics and indicators from various sources, and listings of upcoming events and conferences. Additionally, the HIV/AIDS and the Media section provides discussion papers on the role of the media and guidelines for journalists reporting on the pandemic. Access the site: <http://www.health.co.za/resources/index.php>

3. The Synergy HIV/AIDS **Online Resource Center** contains 3,907 searchable online documents relevant to HIV/AIDS project management, research, and reproductive health issues. Please click on the links, where available, to view the latest additions to the Synergy Resource Center. For questions or inquiries, please email: SynergyInfo@s-3.com

4. **GlobalHealthFacts.org** Enables Comparisons Across Countries and Mapping of HIV/AIDS, TB, Malaria, Avian Flu and Other Key Health and Socio- economic Data
GlobalHealthFacts.org -- a new and freely available website with the latest country and region-specific data on HIV/AIDS, tuberculosis, malaria and other key health indicators -- was launched today by the Kaiser Family Foundation, a non-profit, private operating foundation focused on health care issues. GlobalHealthFacts.org is designed for ease of use and flexibility. The data are displayed in tables, charts, and color-coded maps and can be downloaded for custom analyses.

The website helps sort and present data to answer such questions as:

- * Which nations have the greatest number of people living with HIV/AIDS?
- * How many children orphaned by AIDS live in Uganda compared to Nigeria?
- * Where are the regional "hot spots" for new TB cases?
- * Which countries in Asia have the largest number of malaria cases?
- * Where are other diseases, like yellow fever, SARS, and avian flu occurring?
- * Which countries receive grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria?

The site provides access to detailed information on HIV/AIDS, tuberculosis, malaria, as well as data on demographic and economic indicators, other emerging health problems and program funding, and financing. New and updated data will be added regularly, and users can sign up for free email alerts with updates at <http://www.GlobalHealthReporting.org/email>. Organizations are encouraged to link to GlobalHealthFacts.org. Linking information, including an interactive map that other websites are free to use, can be found at <http://www.globalhealthfacts.org/linktous.jsp>.

5. The directory of development organizations, listing 47,500 development organizations, has been prepared to facilitate international cooperation and knowledge sharing in development work, both among civil society organizations, research institutions, governments and the private sector. <http://www.devdir.org/europe.htm>

6. **Digital Resources for Evaluators**
<http://www.resources4evaluators.info/>

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2) Invitation for Civil Society Nomination to attend UNGASS Review

UNAIDS

4 January 2006

UNAIDS is inviting nominations for civil society organizations wishing to take part in a formal review of progress towards targets agreed by United Nations member states five years ago to tackle HIV and AIDS. At the end of 2005 the United Nations General Assembly agreed to convene a High-Level Meeting and undertake a Comprehensive Review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS.

The Review will take place at the United Nations headquarters in New York from 31 May to 2 June 2006. Informal interactive civil society hearings will be held on the morning of 31 May. Recognizing the importance of civil society in the AIDS response UNAIDS has worked for many months with civil society partners and the General Assembly to secure meaningful and active participation of civil society at the Review.

The General Assembly Secretariat will draw up a list of civil society representatives to be invited to participate in the meeting by 15 February 2006. This list will complement civil society organizations that are accredited to the Economic and Social Council of the United Nations (ECOSOC) and those civil society organizations that will attend the meeting as representatives on national delegations. It is anticipated that more than 1,000 civil society organizations will take part in the Review. The NGO members of the UNAIDS Programme Coordinating Board will serve as the selection panel which will make the recommendations to the General Assembly Secretariat.

Organizations with a proven record of making a difference in the AIDS response are encouraged to indicate their interest in participating in the meeting through the completion and submission of an application form attached to this communication or available from the UNAIDS website www.unaids.org <<http://www.unaids.org/>> by 3 February 2006.

People living with HIV are especially encouraged to apply - although they should be aware of travel restrictions in the USA that might mean they need to disclose their health status to secure entry.

Details on the US waiver system can be found at the US Department of Justice website on <http://uscis.gov/graphics/publicaffairs/factsheets/HIVfs.htm>

Member States and Observers have also been invited to include civil society and private sector representatives in their national delegations to the meeting. A different process will apply to civil society organizations that are accredited to the Economic and Social Council of the United Nations (ECOSOC). These organizations should confirm their interest in participating in the meeting by 30 March 2006 with the Non-Governmental Organizations Section of the United Nations Secretariat at desangosection@un.org providing information on the number of representatives expected to attend the meeting. Such registration will facilitate their consideration for participation in the round tables of the meeting.

The text from the formal UN Resolution reads: ".Requests the President of the General Assembly, following appropriate consultations with Member States, to draw up, not later than 15 February 2006, a list of other relevant civil society representatives, in particular associations of people living with HIV/AIDS, non-governmental organizations, including organizations of women and young people, girls and boys and men, faith-based organizations, and the private sector, especially pharmaceutical companies and representatives of labour, including on the basis of the recommendations of the Joint Programme and taking into account the principle of equitable geographical representation, and to submit the list to Member States for consideration on a no-objection basis for a final decision by the Assembly on participation in the review and high-level meeting, including round tables and panel discussions;"

Information about possible sources of support in attending the meeting will be communicated at a later date.

Nominations should be sent, by 3 February, to msp@unaids.org <<mailto:msp@unaids.org>> or: 'UNGASS Nomination'

Civil Society Partnerships Unit
UNAIDS

20 avenue Appia

1211 Geneva 27, Switzerland

Fax: +41 22 791 4149

Tel: +41 22 791 4448

msp@unaids.org <<mailto:msp@unaids.org>>

For further information: www.unaids.org <<http://www.unaids.org>>

Or by email to msp@unaids.org

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3) In the News:

1. Thailand Announces Fewer AIDS-Related Deaths, New HIV Cases in 2005

Thailand's [Ministry of Public Health](#) on Monday announced that the number of AIDS-related deaths in the country declined from 5,020 in 2004 to 1,640 in 2005, Thailand's *The Nation* reports (*The Nation*, 1/3). The health ministry's Disease Control Department also announced that the number of new HIV cases in 2005 declined by about 10% to about 18,000 in 2005 (Bobb, *VOA News*, 1/4). DCD also reported that the number of people who developed AIDS decreased from 13,364 in 2004 to 8,681 in 2005. DCD Director-General Thawat Suntharcharn said the decrease in the number of new AIDS cases and AIDS-related deaths can be attributed to the government's antiretroviral drug program (*The Nation*, 1/3). More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34614

2. First post-war countrywide survey in Sierra Leone shows 1.5 percent HIV prevalence

The first countrywide HIV/AIDS survey carried out in Sierra Leone since the end of its 11-year war shows a relatively low prevalence rate of 1.5 percent, according to the head of the National AIDS Secretariat, Brima Kargbo. Prevalence in Sierra Leone previously had been estimated at 0.9 percent on the basis of a 2002 survey touching on only a part of the country of five million people. Activists had reckoned prevalence to be as high as five per cent in the capital, Freetown. More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5561>

3. Zimbabwe Misses WHO's 3 by 5 Target of Providing 120,000 People With Antiretrovirals in 2005

Zimbabwe in 2005 missed the [World Health Organization](#)'s target of providing 120,000 HIV/AIDS patients with antiretroviral drugs under the organization's [3 by 5 Initiative](#), *Xinhua News Agency* reports (*Xinhua News Agency*, 1/3). The initiative aims to have three million HIV-positive people in developing countries on antiretrovirals by the end of 2005. According to a report released in November 2005 by a coalition of HIV/AIDS treatment advocates, WHO missed the target because of a lack of cooperation and coordination internationally and a lack of national leadership (*Kaiser Daily HIV/AIDS Report*, 11/29/05). More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34576

4. Aurobindo Receives Tentative FDA Approval To Produce Oral Version of Generic Antiretroviral Nevirapine for PEPFAR

[FDA](#) last week granted tentative approval to Indian drug manufacturer [Aurobindo Pharma](#) to produce an oral version of the antiretroviral drug nevirapine for pediatric use under the [President's Emergency Plan for AIDS Relief](#), the [UNI/newKerala.com](#) reports. The approval is for 50-milligram/five milliliter oral solution of nevirapine, which is sold under the brand name Viramune by [Boehringer Ingelheim](#) ([UNI/newKerala.com](#), 1/3). The tentative approval designation means the drug meets FDA safety and efficacy standards but cannot be sold in the U.S. because of existing patents or exclusivity agreements, although it can be used by relief organizations outside the U.S. under PEPFAR (*Kaiser Daily HIV/AIDS Report*, 6/21/05).

5. Steady progress as ARV rollout gathers momentum in Mozambique

When Maria (last name withheld), 35 years old and HIV-positive, reflects on the past year she gives an answer that a growing number of Mozambicans living with HIV/AIDS would probably echo. "The year 2005 has been good for my health. It has got so much better because this year I started taking ARVs (antiretroviral drugs)," she told PlusNews. Maria is one of the 17,000 people now accessing ARVs of a national target to treat 20,000 people by the end of 2005. More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5565>

6. China To Increase HIV Prevention Funding to \$185M Annually in 2006, 2007

China will spend about \$185 million annually in 2006 and 2007 on HIV prevention, nearly double the approximately \$98.7 million allocated for 2005, the *China Daily* reports. According to a report published by the China Youth and Children Research Center and the Department of International Communications of the China Communist Youth League's Central Committee, the government spent about \$12.3 million on HIV prevention in 2001 and about \$74 million in both 2003 and 2004. The government has created short- and long-term plans for HIV prevention and has increased efforts to raise public awareness of drug use, blood sales, sexually transmitted diseases and narcotics control (*China Daily*, 12/28/05).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34505

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Posted January 11

Greetings,

There are three postings in this message:

- 1) New Publications
 - 2) Vacancy and International Fellowship Announcements
 - 3) Join the Global Fund
- =====

1) New Publications

1. DHS Working Papers: Education and Nutritional Status of Orphans and Children of HIV-Infected Parents in Kenya 2005 No. 24

This report examines how school attendance and nutritional status differ between orphaned and fostered children and between children of HIV-infected parents and non HIV-infected parents in Kenya. The analysis is based on data on 2,756 children age 0-4 and 4,172 children age 6-14 included in the 2003 Kenya DHS. Results show that orphaned and fostered children age 6-14 are significantly less likely to be attending school than non-orphaned, non-fostered children of HIV-negative parents. Children of HIV-infected parents are significantly less likely to be attending school, more likely to be malnourished and less likely to receive treatment for ARI and diarrhea than children of non-HIV-infected parents. Children of non-HIV-infected single mothers are more disadvantaged in nutrition, health care, and school than children who live with both non-HIV-infected parents.

For the full report, go to: <http://www.measuredhs.com/pubs/pdf/WP24/WP24.pdf>

2. An In-Depth Analysis of HIV Prevalence in Ghana

This study looks at a sub sample of sexually experienced men and women who were tested for HIV during the 2003 Ghana Demographic and Health Survey (GDHS). Using bivariate and multivariate analysis, the authors examined the association between HIV prevalence and socio demographic characteristics, HIV-related knowledge, attitudes and sexual behavior. The multivariate analysis found strong associations between HIV serostatus and a few socio demographic and behavior variables. Among women, HIV prevalence is significantly associated with early age of sexual debut (by age 15), having more than one sexual partner, and being from Eastern region. Men those who have moved within the last five years are more likely to be HIV positive than men who have in the same residence. Young women age 15 to 19 and young men age 15 to 29 are significantly less likely to be HIV positive than older adults. Knowledge of HIV prevention methods was not associated with HIV infection among men and only weakly associated with HIV infection among women.

For the full text, go to: <http://www.measuredhs.com/pubs/pdf/FA46/FA46.pdf>

3. 'Buckling: The impact of AIDS in South Africa'

The Centre for the Study of AIDS at the University of Pretoria has published a new report, 'Buckling: The impact of AIDS in South Africa', by South African writer and journalist Hein Marais. The report contains a comprehensive review of published sociological and epidemiological research. Marais offers a critical analysis of the conclusions reached by the research, presents an alternative analysis of the impact of AIDS in South Africa, and proposes a minimum social package to reduce the damage.

To download the publication, go to: <http://www.csa.za.org/filemanager/fileview/101/>

4. Guía para la Participación de los Jóvenes: Evaluación, Planificación e Implementación

Authors: Family Health International/YouthNet

This highly acclaimed resource, now available to Spanish-speaking audiences, seeks to increase the level of meaningful youth participation in reproductive health and HIV/AIDS programming at an institutional and programmatic level.

Este recurso, que ha recibido muchos elogios por parte de los profesionales de la salud, busca aumentar el nivel de participación de jóvenes en los programas de Salud Reproductiva y VIH/SIDA a nivel institucional y programático.

Source: <http://www.fhi.org/sp/Youth/YouthNet/RHTrainMat/ypguide.htm>

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2) Vacancy and International Fellowship Announcements:

1. Medical practitioner

Medecins Sans Frontieres seeks a creative and dynamic medical practitioner who enjoys working closely with people, and can develop innovative ideas for education and advocacy. The candidate will be based at Scott Hospital, located in the village of Morija in the western lowlands of Lesotho.

RESPONSIBILITIES:

- Assist in initiating an HIV clinic in the hospital
- Assist in ward rounds for HIV-positive patients in relevant departments of Scott Hospital under the supervision of the Field MEDCO
- Integrate HIV/AIDS care and treatment into the activities of an existing Mobile Team and consult/supervise a network of 14 rural Primary Health Care centres on HIV care and treatment
- Set up, together with other team members, formal training sessions targeting nurses, counsellors, community health workers
- Clinically train in-service nurses in VCT and the management of HIV-related conditions
- Assist the Field MEDCO in designing medical protocols and introducing the ART component of the programme
- Participate in monitoring and evaluation tasks
- Participate in the rotating call roster of the hospital Medical Officers

REQUIREMENTS:

- Physician with clinical experience in management of HIV-related conditions including ART
- Registered with the HPCSA, with a minimum 3 years' experience in Primary Health Care and experience in HIV/AIDS care
- Good knowledge of management of HIV-related conditions and public health, including experience with ART
- Medical training/experience in health education, good tutorial, communication skills
- Willingness to work in a remote rural area, and capacity to cope with the inherent constraints
- Community involvement and personal experience showing a genuine commitment to MSF's humanitarian principles
- Knowledge of patient rights and the information management system of dissemination
- Fluency in both English and Sesotho or willingness to learn SeSotho

This position is subject to an initial six-month (renewable) contract with a probation period of three months.

To apply for the post, please send your comprehensive CV and covering letter with two contactable references to: The Administrator, MEDECINS SANS FRONTIERES, Town One Properties, Site B, Sulani Drive, Khayelitsha 7784 or P O Box 24701 Rhine Road, Sea Point 8050 or Email: lrolls@mweb.co.za

Only short-listed candidates will be contacted.

2. International Fellowship Program

PSI sponsors an International Fellowship Program (IFP) for junior professionals that allows qualified applicants to gain hands-on field experience working in a developing country. The IFP is intended for exceptional candidates who offer talent that will add value to PSI field programs, and who are dedicated to pursuing long-term work with PSI. Field placements vary and depend on the need of PSI country programs. The fellowship requires a commitment of two years.

RESPONSIBILITIES: Duties may include, but are not limited to:

- Development, launch, and promotion of PSI products;
- Monitoring and evaluation of PSI products and services including product supply and demand, warehouse stock management, and procurement;
- Developing funding proposals;
- Overseeing project budgets in close coordination with both field and PSI/Washington finance departments;
- Donor reporting and relations;
- Special projects as assigned.

QUALIFICATIONS:

- Master's degree and/or significant work experience;
- Proficiency in French, Spanish, Portuguese or Russian;
- Overseas work experience in a developing country;
- Commitment to PSI's mission and core values;

- Interest in a long-term career with PSI.
<http://www.psi.org/employment/ifp.html>

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3) Join the Global Fund

<http://www.jointheglobalfund.org/index.asp>

This site aims to engage and mobilize U.S. residents in the fight against HIV/AIDS, TB and malaria by educating them about the Global Fund To Fight AIDS, Tuberculosis and Malaria.

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Posted January 13

Greetings,

There are three postings in this message:

- 1) Request to AIMEnet Members
- 2) MEASURE Evaluation New Publications
- 3) HIV/AIDS Prevalence Related Updates

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1) Dear AIMEnet Members,

We would like to remind you that the AIMEnet listserv can and should be used as a forum for asking questions, sharing best practices and exchanging members' HIV/AIDS M&E experiences. Many of you expressed your interest in having these exchanges on AIMEnet. So we would like to further encourage you to participate fully in the Network. Please send your questions, comments, information you would like to share to moderator@AIMEnet.org

Thanks again for your membership and we look forward to hearing from you,

AIMEnet moderators

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2) New MEASURE Evaluation Publications [SEE ATTACHEMENTS]

1. MEASURE Evaluation first newsletter.

Monitor - The Magazine of MEASURE Evaluation is a PDF newsletter designed for easy on-screen reading, but it can also be printed to an office printer.

The inaugural Winter 2006 issue includes these stories:

1. A profile of Minki Chatterji and her work in the monitoring and evaluation (M&E) of programs for orphans and vulnerable children.
2. An introduction to the AIMEnet listserv that is a resource for conversations about M&E of HIV/AIDS programs around the world.
3. A story about how the Guide for Monitoring & Evaluating Child Health Programs came together.
4. And more ...

Find the newsletter attached, or download it from

<https://www.cpc.unc.edu/measure/news.html?wid=2401&func=viewSubmission&sid=1949>.

2. Priorities for Local AIDS Control Efforts: A Manual for Implementing the PLACE Method.

Every day, an estimated 14,000 people become newly infected with the virus that causes AIDS. Why are so many infected even though most people know how to prevent transmission of HIV? There are no easy answers to this. But conquering the global AIDS pandemic will not be accomplished solely by global efforts.

The Priorities for Local AIDS Control Efforts (PLACE) method is a tool to monitor local HIV prevention program coverage. Behavioral surveillance often monitors self-reported risk behaviors within particular groups. Yet this surveillance can be challenging if risk groups are difficult to identify or if risk group membership is stigmatizing, where risk groups overlap, and when the epidemic spreads to the general population. The PLACE Method offers an alternative approach. PLACE uses available data to identify "priority prevention areas" and then assesses HIV prevention program coverage among persons in these areas with highest rates of new sexual or needle sharing partnerships.

Using a venue-based approach, the PLACE Method lays out a step-by-step method for monitoring AIDS prevention among most-at-risk populations. It is designed for implementation within a short period of time by local personnel equipped with a word-processing program and freely available data entry, analysis, and mapping programs such as Epi-Info. The method includes participatory feedback workshops to ensure that results are used to tailor local interventions.

Visit www.cpc.unc.edu/measure to request a copy of the PLACE Method manual or download a PDF version of the guide. MEASURE Evaluation offers more than 250 other publications related to monitoring and evaluation of population, health, infectious disease, and nutrition programs.

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3) HIV/AIDS Prevalence Related Updates

1. China Expected To Release Updated Estimates of HIV/AIDS Cases, Ministry of Health Official Says [Jan 12, 2006]

China is expected to release updated estimates of the number of HIV/AIDS cases in the country "soon", Mao Qun'an, a spokesperson for the country's [Ministry of Health](#), said on Tuesday, [Xinhuanet](#) reports ([Xinhuanet](#), 1/11). The Chinese government's unreleased estimate of the number of HIV/AIDS cases in the country -- based on 2004 screenings of groups at "high risk" of contracting the virus -- is lower than the 2003 estimate of 840,000 people, Hao Yang, deputy director of disease control for the health ministry, said. The new estimate is based on modeling techniques and is the result of a cooperative effort among China, the [World Health Organization](#) and [UNAIDS](#). Details:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34745

2. Number of New HIV Cases Among Women in Taiwan Nearly Doubled From 2004 to 2005, Legislator Says [Jan 11, 2006]

The number of new HIV cases among women in Taiwan nearly doubled from 2004 to 2005, Huang Sue-ying, a legislator with the country's [Democratic Progressive Party](#), said at a conference on Saturday, adding that the government needs to do more to consider women in its HIV prevention and testing programs, Taiwan's [Taipei Times](#) reports. According to Huang, 874 of the 10,158 new HIV cases in 2005 were women, compared with 469 of 6,762 new cases in 2004. Details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34712

3. UNAIDS Eastern Europe and Central Asia Fact Sheet, 21 November 2005 edition

The number of people living with HIV in Eastern Europe and Central Asia reached an estimated 1.6 million in 2005. Around 62,000 adults and children died of AIDS-related illnesses in 2005 and some 270,000 people were newly infected with HIV. Around 75% of the reported infections between 2000 and 2004 were in people younger than 30 years (in Western Europe, the corresponding figure was 33%).

- The bulk of the people living with HIV in this region are in two countries: the **Russian Federation** and **Ukraine**.
- Ukraine's** epidemic continues to grow, with more new HIV diagnoses occurring each year, while **Russia** has the biggest AIDS epidemic in all of Europe.
- In 2004, 30% or more of all new reported HIV infections in **Kazakhstan** and **Ukraine**, and 45% or more in **Belarus** and the **Republic of Moldova**, were due to unprotected sex.
- HIV has consolidated its presence in every part of the former Soviet Union, with the exception of **Turkmenistan**. Several **Central Asian** and **Caucasian** republics are experiencing the early stages of epidemics, while substantial risky behaviour in south-eastern Europe suggests that HIV could strengthen its presence there unless prevention efforts are stepped up.
- At the heart of **Russia's** epidemic are extraordinarily large numbers of young people who inject drugs. There were more than 340,000 registered injecting drug users in the Russian Federation at the end of 2004, although the actual number of injectors could be four to ten times

as high. Estimates vary, but at least 1% and possibly as much as 2% of the country's population injects drugs, and an estimated 5-8% of all men younger than 30 years have injected drugs.

□ The epidemic in **Russia** is now becoming more mature. Most drug injectors are sexually active and, if HIV-infected, they can transmit the virus sexually to their casual or regular partners. Studies in Togliatti and Nizhny Novgorod found that more than 80% of male drug injectors did not use condoms regularly in the last month. Consequently, a significant rise in sexual transmission has been observed. About 6% of registered HIV infections were related to sexual transmission in 2001; by 2004, that proportion had grown to 25%.

□ Reported cases of pregnant women with HIV in **Russia** have increased manifold in the past six years, and the total number of children born to HIV-positive mothers now exceeds 13,000.

□ By mid-2005, fewer than 10% (a mere 4,000-6,500 people) of those in need of antiretroviral therapy in **Russia** were receiving it.

□ Fuelled by injecting drug use and unprotected sex, **Ukraine's** epidemic shows no signs of abating. The annual number of newly reported HIV cases continues to rise and exceeded 12,400 in 2004, almost 25% more than the 10,000 cases diagnosed in 2003 and almost double the number diagnosed in 2000.

□ A study in the eight most-affected regions of **Ukraine** found HIV prevalence among injecting drug users as high as 58% in Odessa and 59% in Simferopol. Risk behaviour among injecting drug users remains widespread. A recent national study found that only 20% of drug injectors said they avoided using non-sterile injecting equipment and practiced safe sex. The proportion of people infected through sexual transmission of HIV has increased from 14% of new cases (1999-2003) to over 32% in 2004.

□ With women accounting for 42% of people newly-diagnosed with HIV in **Ukraine** in 2004, the number of children born to HIV-positive mothers continues to rise, and was over 2,200 in 2004. On this front, Ukraine is making headway. The rate of mother-to-child transmission of HIV has decreased from 28% in 2001 to less than 10% in 2003, one of the lowest in Eastern Europe.

□ More than 17 000 people in **Ukraine** are estimated to be in need of antiretroviral treatment. Supported by the Global Fund, **Ukraine** is rapidly expanding access to antiretroviral treatment. Beginning in September 2004, more than 2,400 new patients were put on treatment within one year, with 90% still alive and on treatment at six months. These programmes need to be expanded rapidly.

□ In the Baltic states, the epidemic continues to grow but at a slower pace than in the early 2000s. The overall numbers of reported HIV infections remain low.

Nonetheless, the total number of reported HIV cases in **Estonia**, the worst affected of the Baltic states, has doubled since end-2001, reaching 4,442 in 2004.

- **Latvia** is also seeing a steady rise in the total number of HIV cases, which by mid-2005 was more than six times higher than it had been in 1999 (3,169 compared with 492).
- The surge of new HIV cases reported in **Lithuania** in 2002 (when new diagnosis increased five-fold in one year) appears to have subsided to some extent. In 2004, 135 infections were reported, the vast majority of them attributable to injecting drug use.
- In **Belarus** (where more than 6,200 people had been diagnosed with HIV by the end of 2004) and **Moldova** (where the figure stood at over 2,300), the epidemic shows no sign of slowing.
- Among the Central Asian republics, **Uzbekistan** is experiencing the most dynamic epidemic. In 1999, just 28 HIV diagnoses were reported there; in 2004 there were 2,016 new HIV infections, bringing to more than 5,600 the total number of HIV cases.
- **Kazakhstan's** epidemic is centred on young people who inject drugs, some of whom also engage in commercial sex. Almost 4,700 HIV cases had been reported there by end-2004—more than three times the total just four years earlier.

For more information, please contact Dominique De Santis, UNAIDS, Geneva, tel. +41 22 791 4509 or mobile +41 79 254 6803, or Annemarie Hou, UNAIDS, Geneva, tel. +41 22 791 4577.

For more information about UNAIDS, visit www.unaids.org.

(From original PDF version at http://www.unaids.org/html/pub/publications/factsheets04/fs_europecasia_nov05_en.pdf)

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Posted January 17

Greetings,

There are two postings in this message:

- 1) PEPFAR guidance on various issues
- 2) The on-line discussions for the second Partnership Forum of the Global Fund to fight AIDS, Tuberculosis and Malaria

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1) Source for PEPFAR guidance on various issues:

-ABC Guidance #1 (Abstinence, Be Faithful, and correct and consistent Condom use);

- General Policy Guidance for All Bilateral Programs; Indicators, Reporting Requirements, and Guidelines for Cambodia, India, Malawi, Russia, and Zimbabwe;
- Indicators, Reporting Requirements, and Guidelines for Focus Countries - Revised for FY2006;
- Minimum Reporting Requirements for Countries with \$1-10 Million in Bilateral HIV/AIDS Assistance

Guidance can be found at the following site: <http://www.state.gov/s/gac/partners/guide/>

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2) The on-line discussions for the second Partnership Forum of the Global Fund to fight AIDS, Tuberculosis and Malaria

The on-line discussions leading up to the second Partnership Forum of the Global Fund to fight AIDS, Tuberculosis and Malaria are now open: <http://forum.theglobalfund.org/>. This eForum and the ensuing meeting to be held in Durban on 2-3 July 2006 are a unique opportunity for all Global Fund stakeholders to have their voices heard and to contribute to strategic and broad policy development. You are invited to join in and share your thoughts in either one of four languages: [English](#), [French](#), [Spanish](#) or [Russian](#).

Over the next 5 months there will be moderated discussions on four key themes (see below) and weekly topics will be developed and introduced by our moderation team. Before we start with the first weekly topic next Monday, we would like to invite you to share your comments on **any success or challenge you feel the Global Fund is experiencing in your country or at a more global level**. You also have the opportunity, as you will throughout the duration of the eForum, to come up with **any suggestion for discussion topics in relation to the four following themes**:

- **The Global Fund strategic positioning** – what is the appropriate role of the Fund in the fight against the three diseases as part of national and international efforts?
- **Ensuring impact** – how can the Fund improve the ways it works towards fighting the three diseases? – E.g. by optimizing how and what it funds, helping to ensure strong grant performance, better tapping the potential of civil society and the private sector, and positively influencing the global market for essential health products.
- **Working more efficiently with local and global partners** – how can the Fund work more harmoniously with local and global partners to reduce transaction costs and ensure the lasting impact of the programs it funds? – E.g. through changes to its financing model and architecture.
- **Ensuring Global Fund financial sustainability** – how can the Fund and all its partners further improve and diversify their resource mobilization efforts to secure predictable and sustainable financial support at the country level?

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Posted January 20

Greetings,

There are two postings in this message, please watch for deadlines:

- 1) Conference/Workshop Announcements and Reminders
- 2) Job Opportunities

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1. XVI International AIDS Conference (AIDS 2006)

Toronto, Canada from 13 to 18 August 2006: <http://www.aids2006.org>

Registration, abstract submissions and scholarship applications deadlines are quickly approaching. The **deadline** for applications for all the above is **22 February 2006**.

Call for abstracts: Click here to submit an abstract online: <http://www.aids2006.org/abstracts>

Less experienced abstract authors may request the assistance of more experienced authors. Click here for more information: <http://www.aids2006.org/mentoring>

Reduced registration fees

For the first time, registration fees have been lowered by US \$250 for delegates from low- and middle-income countries. All delegates can register by 22 February 2006 to take advantage of the lowest possible fees (US \$550 for non-OECD countries and US\$ 750 for OECD countries). After 22 February 2006, late surcharges apply.

Click here to register: <http://www.aids2006.org/registration>

Apply for a scholarship

Applications are being accepted for the two conference scholarship programmes, the International Scholarship Programme for people from all over the world and the Scholarship Programme for Canadian Residents.

Click here to apply for a scholarship: <http://www.aids2006.org/scholarships>

2. 'Young People's Development and the Millennium Development Goals on HIV/AIDS in East and Southern Africa: Sharing Lessons and Experiences'

The Sun and Sand Holiday Resort, in Mangochi, Malawi from 18 to 22 July 2006.

The conference will assess the development initiatives in various institutions on the Millennium Development Goals on HIV/AIDS and Young People and assess the role of the civil society organisations. Conference sub themes include:

- Leadership and governance in civil society organisations
- Fundraising for sustainable youth development
- Child rights, sexuality and HIV/AIDS, including successful strategies
- Advocacy, networking and collaboration for HIV/AIDS prevention
- Entrepreneurship and vocational skills development for responding to HIV/AIDS

The conference organising committee is now calling for papers for presentation during the conference. The presentation could be either for the plenary presentation, posters or workshops.

Abstracts should be sent to esanya2006@yahoo.co.uk by **20 April 2006**. For more information: Executive Director, Youth Net and Counselling (YONECO), Kazembe Location, Near Likangala Secondary School, P.O. Box 471, Zomba, Malawi.

Tel: 265 1 525 674;

Fax: 265 1 525 560;

Emails:

Mr Mac Bain Mkandawire - mhjmkanawire@sdp.org.mw or

macbainmkandawire@yoneco.org.mw

Mr Felix Limbani - felixlimbani@yoneco.org.mw

Ms. Lillian Chigona - pmyoneco@sdp.org.mw

Mr. James Kalimbuka - chekalimbuka@yahoo.co.uk

3. Communicating Population and Health Research to Policymakers

July 10 to 21, 2006, in San José, Costa Rica. [SEE ATTACHMENTS

The Population Reference Bureau (PRB), with funding from the Bill and Melinda Gates Foundation, and in collaboration with the Centro Centroamericano de Población (CCP) at the University of Costa Rica, is pleased to be able to offer once more a policy communications workshop for Latin American population and health professionals. The workshop, "Communicating Population and Health Research to Policymakers," is designed to help participants increase the use of data and information for the improvement of policies and programs. Sessions focus on identifying the policy implications of survey data, field-based projects, and research results; creating a policy-level dissemination strategy; and developing skills for effectively communicating with policymakers and the media. Each participant will use PowerPoint software and will have the opportunity to prepare news releases, policy memos, and oral presentations for policy audiences. Participants are asked to bring recent research results or survey data that can be used to address a policy problem.

The workshop has been planned for researchers, program managers, and others responsible for formulating and implementing population and health programs in both governmental and nongovernmental organizations. The workshop is not for journalists or professionals in the communication field. Applicants should have a fundamental understanding of data and experience in a field relevant to the topic. The workshop will be conducted in Spanish. Tuition for the workshop is \$1,400 plus \$1,050 approximately for lodging and per diem; airfare is not included and its cost will depend on the point of origin. PRB and the CCP have a limited number of scholarships available for full or partial funding of highly qualified applicants. Applicants interested in the workshop must be from Latin America or the Caribbean region.

The deadline for application is March 31, 2006. Please see the enclosed for a more detailed description of the program (in English) and application forms (in Spanish only). Information and application forms in Spanish can be accessed both at www.prb.org (PRB Training and Events)

or <http://ccp.ucr.ac.cr/tallercom/index.htm>. Interested applicants can also request them by e-mail (tallercom@ccp.ucr.ac.cr), by fax, or by regular mail.

I greatly appreciate your support and assistance in making this workshop a success. If you have any questions or need additional information, please do not hesitate to contact me.

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4. Biannual International Microbicides Conference

Cape Town, South Africa from 23 to 26 April 2006.

By hosting the conference in South Africa, the organisers aim to raise public awareness of microbicides as a promising HIV prevention technology, as well as highlighting the enormity of the HIV/AIDS epidemic, especially in developing countries and in Sub-Saharan Africa.

The conference intends to provide updates on recent microbicide research, with a forum for the discussion of new developments in microbicide research, and present opportunities for knowledge sharing between microbicide researchers, public health workers, advocates, communities and civil society organisations.

The gathering promises to be bigger and better than ever before. The Microbicides 2004 conference attracted 800 delegates from around the globe. Increased interest and research effort in this area means that the 2006 Conference is likely to be even bigger, attracting around 1,000 delegates.

Details on how to submit an application are available at <http://www.microbicides2006.org/scholarship.htm>

5. 7th International Health Impact Assessment Conference

Cardiff, Wales 5-6 April 2006

The conference aims to present the state of the art in health impact assessment concepts and methods and provides practical experience in this rapidly developing field.

Conference Themes: Developing Practice; Engaging with communities; Evidence and HIA; Ethical issues; Effectiveness of HIA; Integrating impact assessments; Mainstreaming HIA in policies; Cost-benefits of HIA; Healthy public policy; Tackling health inequalities; HIA and Planning; Politics of HIA

Specific queries about the conference or Word versions of the forms can be obtained directly from hia2006@cardiff.ac.uk

More information is available at

<http://www.wales.nhs.uk/sites3/news.cfm?orgid=369&contentid=4036>

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2) Job Opportunities:

1. UNAIDS Internal Vacancies

For your information, please find attached UNAIDS job profiles for the post of Partnerships Adviser, P4, Geneva, Switzerland within the Policy, Evidence and Partnerships Department and the post of Monitoring and Evaluation Adviser, P4, Geneva, Switzerland within the Executive Office Department, Evaluation.

Please note that the closing date for applications is 20 January 2006.

In order to apply, please reply to this e-mail indicating that you are interested in one of these posts, specifying which one of the two.

In order to submit your CV, please use the e-recruitment system and apply to the pool vacancies called "Social Mobilization and Policy Adviser (UNAIDS/05/FT93)" for the Partnerships Adviser and/or "Monitoring and Evaluation Adviser (UNAIDS/05/FT91)" for the post of Monitoring and Evaluation Adviser. This will allow HRM to have access to your CV just in time, even when you update it. You will find these post under the following link:

<http://www.unaids.org/en/about+unaids/human+resources/unaids+professional+vacancies.asp>

You will be added to the list of internal candidates as soon as you entered your CV and applied to the pool vacancy. You have two possibilities to enter, access and/or update your profile:

- In case you have already entered your CV before you can login with your username and password.
<http://erecruit.who.int/e-jobs/login/ejobs-int-login.cfm>
- If you never entered your CV into the system before, please fill in the fields on the following page:
http://erecruit.who.int/e-jobs/public/hrd-vac-newuser.cfm?apptype=1&jobinfo_uid_c=1n After you clicked on "submit my registration" you will receive a password and username by e-mail.

In your profile you can click on "Apply to current vacancies" and apply with a few clicks to any UNAIDS vacancy. Should you require further information, please do not hesitate to contact HRM.

2. HIV/AIDS Prevention Senior Officer - IFRC

The International Federation of Red Cross and Red Crescent (IFRC) Societies are looking for a candidate to update and revitalise the Federation's HIV prevention work through the development of guidelines and tools, and expert support to the secretariat and national societies.

RESPONSIBILITIES:

Provide strategic vision for and motivate the Federation's HIV prevention work; through a participatory process develop and support implementation of HIV prevention guidelines for the secretariat and scale-up of national society of programmes, and update existing tools to ensure the Federation implements evidence-based programmes; undertake analysis of the gender aspects of HIV/AIDS prevention and include specific strategies to address women's needs in the guidelines, and support implementation of these strategies; ensure that the Federation's HIV prevention programmes are targeted effectively and involve key populations vulnerable to HIV transmission, and are implemented at a scale that will result in lower rates of new infections. Women are strongly encouraged to apply. For more information and full job description contact the hiring officer, Bernard Gardiner, at bernard.gardiner@ifrc.org
Closing date for applications: 31 January 2006.

3. International Research and Data Coordinator, Monitoring & Evaluation

Elizabeth Glaser Pediatric AIDS Foundation

Location: United States

Last Date: 9 March 2006

<http://www.developmentex.com/controller/RecruitingController.srvt?action=openJobDetailNoLogin&opportunityId=13532>

4. HIV/AIDS Project Officer

International Orthodox Christian Charities (IOCC)

Location: Addis Ababa, Ethiopia

Last Date: February 10, 2006

http://216.197.119.113/jobman/publish/article_17157.shtml

5. Senior Program Development Officer - HIV/AIDS

CHF International

Location: Silver Spring, Maryland, USA

Last Date: February 10, 2006

http://216.197.119.113/jobman/publish/article_17114.shtml

6. HIV / AIDS Programme Coordination Officer

International Medical Corps

Location: Sudan

Last Date: January 22, 2006

http://216.197.119.113/jobman/publish/article_16580.shtml

7. HIV/AIDS Project Coordinator

Public Services International (PSI)

Location: South Africa

Last Date: January 23, 2006

http://216.197.119.113/jobman/publish/article_16769.shtml

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Posted January 24

Greetings,

There are three postings in this message:

- 1) Conference Announcements
- 2) New Specialized Online Resources
- 3) In the News

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1) Conference Announcements

1. “Management and control of reproductive tract and sexually transmitted infections in India”.

Mumbai, India To be held 27 February – 10 March 2006, Mumbai, India

Closing Date for Applications: 27 January 2006

The International Institute for Population Sciences (IIPS), Mumbai in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), U.K. announces a short course on “Management and control of reproductive tract and sexually transmitted infections in India”.

Reproductive tract and sexually transmitted infections (RTIs/STIs) are important and preventable causes of morbidity, mortality, disability, and associated lost-productivity and health care costs. STIs and other RTIs can lead to serious complications, including infertility, chronic pain, and even death, especially if they are not detected and treated early. STI infection significantly increases the risk of acquiring or transmitting HIV. In India, RTI/STI prevention is set in the context of a rapid increase in the incidence of sexually transmitted infections. RTI/STI control, including appropriate strategies for diagnosis and treatment, are key areas of activity for services moving from a family planning focus to a broader reproductive health approach. There is a great deal of programmatic as well as research interest in the control of RTIs and STIs in India.

This short course is aimed at all those involved in RTI/STI control, including programme managers, service providers and researchers. A variety of teaching methods will be used, and participants will be exposed to the latest developments and findings from the field of RTI/STI control. Site visits to innovative interventions and research projects in the Mumbai area will be arranged during the course.

The course will cover the following topics:

- epidemiology of STIs, with a focus on epidemiology in India;
- principles of RTI/STI control, including models of infectious disease control in different - epidemiological and social settings;
- approaches to community and population-based information gathering (research);
- prevention of STIs (including HIV infection);

- diagnosis, management and treatment of RTIs/STIs in resource-constrained settings;
- the role of the laboratory in control programmes;
- selection of appropriate interventions for different populations;
- how to: plan, manage and evaluate an STI control programme

Eligibility: This course is designed for programme managers, academic researchers, and reproductive health and other health care providers, who are interested in understanding the principles of the control, prevention and management of RTIs/STIs in India. Applications may be submitted by persons working in health department, research institutions, medical colleges, program managers/ executives in NGOs and researchers working in the field of RTI/STI control in India.

Course fee: For Overseas participants

Tuition fee: US\$ 600

Accommodation: US\$ 500

For Indian participants

Tuition fee: INR 8000

Accommodation: INR 6000

Tuition fees and accommodation charges include cost of course materials, other logistics, lodging and boarding during the programme period. The fee, which is non-refundable, does not include cost of travel to and from Mumbai, and programme related expenses like report typing, stationery and other personal expenses. The costs of travel, accommodation, tuition fee and living expenses are to be covered either by the participants or their respective departments/organizations.

Scholarships Participants are encouraged to get the funding from their own organizations to attend the course. However, limited funds are available with the institute that would support a few candidates to attend the course. The scholarship is expected to meet the expenses of tuition fees (waived off for scholarship recipients), travel, accommodation and living costs. Selected list of candidates for scholarship would be announced in the last week of January.

How to apply: Please fill the attached form and send it to the organizers of the programme (Dr.Usha Ram or Dr.S.Niranjan) so as to reach IIPS on or before January 27, 2006. Application form can be downloaded from the following link: http://www.iipsindia.org/rtisti_mgt_ctrl.htm

For further information, please contact:

Dr.Usha Ram / Dr.S.Niranjan

Course Coordinator(s)

International Institute for Population Sciences

Govandi Station Road

Deonar, Mumbai - 400 088.

Tel: +91-22-25563254/5/6 Ext: 127 or 107

Direct No.: +91-22-25589045

e-mail: nsaggurti@iips.net

web-site: www.iipsindia.org

Resource: New national eForum on HIV and AIDS in Zimbabwe

<http://www.healthdev.org/eforums/cms/inv-archives.asp?sname=PartnersZimbabwe>

2. 10th Research Methods Course in Sexual and Reproductive Health and HIV

The Rosebank Hotel, Rosebank, Johannesburg, South Africa, from 17 July to 11 August 2006

The application deadline is 17 February 2006.

The Population Council announces the 10th Research Methods Course in Sexual and Reproductive Health and HIV to be held at. The course is geared toward doctors, researchers, and policymakers. Participants will learn all aspects of research, from identifying and assessing a research question to determining the best methodology to effectively disseminating and making use of research results.

Four weeks long, the training course provides opportunities for discussion and interaction with international, regional, and local facilitators who have Africa-based research experience.

The course is organized by the Reproductive Health and HIV Research Unit of the University of the Witwatersrand, in collaboration with the South African Medical Research Council and the Population Council, and has the endorsement of the World Health Organization. It is designed to strengthen the research capabilities of participants and through this to increase the relevance and accessibility of research in the African Region and to create a working regional forum of people who have participated in this and other HIV clinical management courses.

Minimum qualification for admission is a degree plus relevant experience in reproductive health/HIV practice, research, and policy. Additional information is available on the Reproductive Health and HIV Research Unit Web site at

<http://www.rhru.co.za/site/methods.htm>.

For additional information, please contact Course Coordinator Sandra McIntosh at

<mailto:s.mcintosh@rhrujh.co.za>

Event: Short course on Management, Control of RTIs/STIs in India

http://www.iipsindia.org/rtisti_mgt_ctrl.htm

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2) New Specialized Online Resources:

1. PlusNews has launched a new information service specialising on HIV/AIDS in the five **Portuguese-speaking countries of Africa.**

The goal of the new service is to be the Portuguese-language reference point for HIV/AIDS in Angola, Cabo Verde, Guinea Bissau, Mozambique and Sao Tome and Principe, with links to Brazil, Portugal, and the African Diaspora in the European Union and elsewhere. Like its sister services PlusNews English and French, PlusNews Portuguese will produce original stories

through a network of stringers based in the capital and provinces of their countries. The website features job vacancies, conferences, events, studies and training tools.

To subscribe and to visit the new website: www.plusnews.org/pt

2. Projekthope has launched **NigeriaHIVinfo.com** www.nigeriahivinfo.com an information portal designed to provide timely, accurate, and responsible news as well as analysis on the occurrence of HIV/AIDS in Nigeria.

It is hoped that this portal will serve as a resource for people living with HIV/AIDS and their families, to ensure that they have access to the right information about how to cope with being positive. The website will also measure and appraise the efforts of government and international agencies working in HIV/AIDS.

3. The Virtual Health Library for Disasters <http://www.paho.org/english/dd/ped/about-vdl.htm>

Incorporates the works of many new partner organizations and consequently offers a much broader variety of information. The Virtual Health Library for Disasters is now truly a global collection.

Disasters: Preparedness and Mitigation in the Americas (Newsletter) available online at <http://www.paho.org/english/dd/ped/newsletter.htm>

Quarterly newsletter of PAHO's Program on Emergency Preparedness and Disaster Relief.. It provides news about disaster preparedness activities in the countries of the Americas, and thus aims to encourage dialogue and the sharing of ideas among governments and agencies.

CDERA: the Caribbean Disaster Emergency Response Agency <http://www.cdera.org/> Regional inter-governmental agency established in September 1991 by an http://www.cdera.org/about_cdera_agreement.php Agreement of the Conference of Heads of Government of Caribbean Community (CARICOM) to be responsible for disaster management. An agency of CARICOM. It is the Caribbean's premier disaster management agency

CARDIN: The Caribbean Disaster Information Network <http://mona.uwi.edu/cardin/home.asp>
The Caribbean Disaster Information Network (CARDIN) was established in June 1999 to provide linkages with Caribbean disaster organizations, to widen the scope of the collection of disaster related information and to ensure improved access to such material. The project is funded by the European <http://europa.eu.int/comm/echo/index.html> Community Humanitarian Office (ECHO) . The Library of the University of <http://mona.uwi.edu/library/> the West Indies at Mona, has been selected as the focal point for disaster information in the Caribbean.

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3) In the News:

1. AFRICA: Year in Review 2005 - The long slow road to '3 by 5'

Almost a month after the deadline, the World Health Organisation's (WHO) campaign to put three million people in the developing world on anti-AIDS drugs by the end of 2005 has failed to meet its target. When WHO launched the '3 by 5' initiative it was widely acknowledged that the 'aspirational' target represented a significant hurdle, given the state of global funding for AIDS, doubtful political will, drug availability and technical capacity. But activists acknowledged that it did at least represent a goal to work towards, especially since, in Africa, fewer than 30,000 people were on antiretroviral (ARV) medication in 2001.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5620>

2. MOZAMBIQUE: MSF to ensure sustainability of ARV programme

In a bid to ensure the sustainability of its antiretroviral (ARV) treatment programme in Mozambique, the international NGO, Medecins Sans Frontieres (MSF), has focussed on skills transfer with the aim of handing over the running of its sites to the government. This would see the government and local community taking over the responsibility for running MSF's Lichinga site in the northern Niassa province, which treats 370 patients, by the end of 2008.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5612>

3. SWAZILAND: More people but still too few testing for HIV

HIV/AIDS awareness efforts in the kingdom of Swaziland are slowly bearing fruit, with a growing number of people coming forward to be tested for HIV, a new report has found. According to the AIDS Information and Support Centre (TASC), nearly five times more people tested for HIV in 2004 compared to 2001.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5621>

4. USA: Randall Tobias Nominated To Be New Administrator of USAID

Secretary of State Condoleezza Rice on Thursday is expected to "unveil a restructuring of U.S. foreign assistance," which includes the nomination of Randall Tobias as the new administrator of [USAID](#), the *Washington Post* reports. Tobias, former chief executive of [Eli Lilly](#) and current head of the [State Department's Office of the U.S. Global AIDS Coordinator](#), now will have a rank equal to that of deputy secretary of state and will have a planning staff at the State Department, according to the *Post* (Kessler/Graham, *Washington Post*, 1/19).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34857

5: LATIN AMERICA: Argentina, Brazil To Produce Antiretroviral Drugs Together To Improve Access for HIV-Positive People

Argentina and Brazil -- which both provide medication to HIV-positive people at no cost -- plan to establish a co-owned factory where they will produce antiretroviral drugs in an effort to lower the cost of the medications in both countries, *Reuters AlertNet* reports (*Reuters AlertNet*, 1/18). The two countries, which in August 2005 agreed to jointly produce generic antiretroviral drugs, announced they would begin sharing information and technology and would arrange meetings between experts.

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34859

6: NIGERIA: Nigerian State Hospitals Continue To Charge Fees Despite Pledge To Provide ARVs at No Cost, Advocates Say

HIV/AIDS advocates say that some state hospitals continue to charge fees for treating patients, despite a December 2005 plan by the Nigerian government to begin a program providing antiretroviral drugs at no cost this year, *BBC News* reports (Plaut, *BBC News*, 1/16). Nigeria's National Action Committee on AIDS earlier this month announced its plan to double the number of government health care facilities offering antiretroviral drugs at no cost to HIV-positive people as part of a campaign aimed at providing no-cost antiretrovirals to about 250,000 HIV-positive residents by the end of this year. More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34835

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Posted January 26

Greetings,

There are two postings in this message:

- 1) PRB Fellows Program in Population Policy Communications
- 2) Recent Releases

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1) 2006-2007 Fellows Program in Population Policy Communications

Call for Applications:

The Population Reference Bureau (PRB) is now accepting applications for its 2006-2007 Fellows Program in Population Policy Communications. It is open to citizens of developing countries and the U.S. who are doctoral-level students in academic institutions in the United States and Canada. Developing-country applicants may be in any field of study but must have a demonstrated interest in population, family planning, reproductive health (FP/RH). Interested U.S. applicants should be in fields of study that address the intersection of population and FP/RH with economic development, including growth, poverty reduction, and equity.

The Program was developed to bridge the gap between research findings and the policy development process. While research often has profound policy implications, it must be communicated effectively to a variety of non-technical audiences in order to have an impact.

The goals of the Fellows Program in Population Policy Communications are:

- to understand the process by which research informs the policy environment; and
- to learn various ways to communicate findings to policy audiences.

Program Information

The program has three parts:

Washington Workshop: Participants will attend a two-week workshop at PRB in Washington, D.C., scheduled for June 12 to 23, 2006. During the workshop the participants interact with PRB staff and outside experts active in policy research and communications. This workshop focuses on the role of research in the policy process and on techniques for effective communication of research findings to decisionmakers. Guest speakers address topics related to the Fellows' policy research interests. During the workshop, participants are asked to consider their own research in

terms of its relevance to policy audiences.

Research Project: During the 2006-2007 academic year, Fellows apply the lessons learned at the Washington Workshop to prepare written and oral presentations for policy audiences, based on their dissertations or related research topics. On the basis of their own research (usually but not exclusively dissertation research), the Fellows prepare a 10-page policy paper, and a 10-minute policy presentation for the PAA workshop.

PAA Workshop: The Fellows will formally present their research findings at a workshop held prior to the 2007 Population Association of America (PAA) Annual Meeting. During the workshop, Fellows will make 10-minute policy presentations to the other Fellows and to PRB and guest discussants. The workshop offers an opportunity to use skills learned at the summer workshop, as well as to obtain feedback on the papers and presentations.

PRB covers travel, lodging, and per diem expenses for each Fellow to attend the Washington Workshop and the PAA. PRB pays for the PAA registration for each Fellow and awards stipends of \$2,000 to cover Fellows' research expenses.

Who Should Apply

We will select up to 10 participants from developing countries that are supported by USAID,* and two more from any other developing country.

Application Information

The deadline for applying has been extended to February 10, 2006. The fellowship awards will be announced in March 2006.

Applicants should send PRB a cover letter, an application form, an updated resume with a full list of educational and other professional activities, a two- or three-page research proposal, schedule for completing the dissertation, and two letters of reference. Completed applications should be addressed to the Fellows Program Manager and may be sent via e-mail or by mail. PRB will also accept references by e-mail if they are sent directly from the e-mail account of the person writing the reference. Application forms can be downloaded from the Training section of the PRB website (<http://www.prb.org/>) or can be requested from the Fellows Program Manager:

Sara Adkins-Blanch
Fellows Program Manager
Population Reference Bureau
1875 Connecticut Ave., NW, Suite 520
Washington, DC 20009
Telephone: 202-483-1100
Fax: 202-328-3937
E-mail: saraab@prb.org

* To find out if your country is supported by USAID, please check the following Internet page: http://www.usaid.gov/our_work/global_health/home/Countries/index.html. Scroll down to see a complete list and to find out if your country is listed.

About PRB

The Population Reference Bureau informs people around the world about population, health, and the environment, and empowers them to use that information to advance the well-being of current and future generations.

2) Recent Releases:

1. HIV Viral Load During Initial 6-18 Months of HAART Can Determine Long-Term Survival, Study Says

A patient's HIV viral load during the initial six to 18 months of highly active antiretroviral therapy can determine the patient's long-term chances of survival, according to a study published in the Jan. 1 edition of the journal *Clinical Infectious Diseases*, *Reuters Health* reports (Douglas, *Reuters Health*, 1/12). Nicolai Lohse of [Odense University Hospital](#) in Odense, Denmark, and colleagues looked at 2,046 HIV-positive patients from six to 18 months after HAART was initiated (Lohse et al., *Clinical Infectious Diseases*, 1/1).

More details: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34806

2. Ethical Implications of Working with Children

Few resources exist to help program managers and evaluators deal with the difficult and potentially harmful situations that may arise when working with children affected by HIV/AIDS. At the request of the U.S. Agency for International Development (USAID), a steering group was formed composed of representatives of the Population Council's Horizons program, Family Health International's IMPACT Program, UNICEF, and USAID to develop practical guidelines for those who work with young people in international settings. The insights and experiences of this group and others working in the field were collected and analyzed in a handbook. You can access an article on this topic at:

[http://www.popcouncil.org/publications/popbriefs/pb12\(1\)_4.html](http://www.popcouncil.org/publications/popbriefs/pb12(1)_4.html)

3. [Evaluation of the organizational structure of HIV/AIDS outpatient care in Brazil](#)

(Research Article; South America)

This study evaluated the healthcare provided by outpatient services for the treatment of AIDS patients. The results indicate that, in addition to ensuring the more homogeneous distribution of resources, the program must invest in the training and dissemination of care management skills, as confirmed by the results of care process organization.

[Email this item](#)

4. [The economic impact of AIDS treatment: labor supply in western Kenya](#)

(Working Paper; Sub-Saharan Africa)

Using longitudinal survey data collected in collaboration with a treatment program, this paper is the first to estimate the economic impacts of antiretroviral treatment in Africa. The responses in two important outcomes are studied: (1) labor supply of adult AIDS patients receiving treatment; and (2) labor supply of children and adults living in the patients' households.

[Email this item](#)

5. [Barriers to the implementation of programs for the prevention of mother-to-child transmission of HIV: a cross-sectional survey in rural and urban Uganda](#)

(Research Article; Sub-Saharan Africa)

(You need Adobe Acrobat Reader to access this document)

This study examines potential barriers that might affect the acceptability of interventions for prevention of mother-to-child transmission (PMTCT) in rural and urban settings. Results show health facility-based deliveries were significantly lower among mothers in rural areas compared to those in the urban setting. Overall, significant predictors of willingness to test for HIV were post-primary education and knowledge about rapid HIV tests. The strongest predictor of willingness to accept an HIV test was the woman's perception that her husband would approve of her testing for HIV. Women who thought their husbands would approve were almost six times more likely to report a willingness to be tested compared to those who thought their husbands would not approve.

[✉ Email this item](#)

6. [Voluntary HIV counseling and testing: knowledge and practices in a rural South African village](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

This study identified themes related to voluntary counseling and testing services in a rural South African village. Although participants demonstrated knowledge of the availability of voluntary HIV counseling and testing services in the area, they did not utilize the services unless they had signs and symptoms suggesting possible HIV infection. Therefore, health providers have a responsibility to ensure that individuals get tested before they are infected so as to educate them about ways to protect themselves against HIV infection.

[✉ Email this item](#)

7. [An examination of knowledge, attitudes and practices related to HIV/AIDS prevention in Zimbabwean university students: Comparing intervention program participants and non-participants](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

This study represents a comprehensive assessment of differences between participants in an HIV/AIDS prevention program and non-participants in knowledge, attitudes, and practices with a focus on cultural, sociological, and economic variables.

[✉ Email this item](#)

8. [Elimination of HIV infection in infants in Europe—challenges and demand for response](#)

(Abstract; subscription needed for full text; Europe)

This paper looks at how the implementation of all four pillars of the strategic framework developed primarily by the WHO Regional Office for Europe would help European countries achieve the goal of virtual elimination of HIV infection in infants by 2010.

[✉ Email this item](#)

9. [HIV/AIDS mitigation strategies and the state in Sub-Saharan Africa - the missing link?](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

(You need Adobe Acrobat Reader to access this document)

This article discusses strategies for mitigating the HIV/AIDS epidemic in Sub-Saharan Africa. It concludes that for international public health policies to be effective, they must consider a country tailored approach, one that advocates a coordinated strategy designed and led by the

state with involvement of wider society specific to each country's particular history, culture, and level of development.

[✉ Email this item](#)

10. [Iringa youth behavior survey -- findings and report](#) 

(Working Paper; Sub-Saharan Africa)

(You need Adobe Acrobat Reader to access this document)

This report provides a comprehensive picture of the knowledge, attitudes, and behaviors of youth about STI/HIV and reproductive health in Iringa, Tanzania.

[✉ Email this item](#)

11. [Community home-based care in a rural village: challenges and strategies](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

In Botswana, there has been a shift from hospital care to community home-based care (CHBC) because of the HIV/AIDS epidemic. This article discusses the process of establishing the CHBC committee and the challenges faced by faculty, students, and lay caregivers in working with a diverse CHBC group to render culturally sensitive care. Strategies for dealing with these challenges are also discussed.

[✉ Email this item](#)

12. [The cost to health services of human immunodeficiency virus \(HIV\) co-infection among tuberculosis patients in Sudan](#)

(Abstract; subscription needed for full text; North Africa)

This study compared the cost of managing HIV-positive and HIV-negative tuberculosis (TB) patients in Sudan. It was concluded that the management of HIV-positive TB cases were more costly than that of the HIV-negative cases in this stage of the HIV/AIDS epidemic.

[✉ Email this item](#)

13. [Removing barriers to knowing HIV status: same-day mobile HIV testing in Zimbabwe](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

This study aimed to (1) describe those using a mobile HIV voluntary counseling testing (VCT) service, (2) assess the acceptability of such services, (3) assess reasons for not testing previously, and (4) compare those who used the services with those who did not to determine how to increase acceptability. Results showed same-day HIV testing in community settings to be acceptable in sub-Saharan Africa. Barriers to HIV testing were often logistic and can be overcome with community-based strategies.

14. [HIV voluntary counseling and testing and HIV incidence in male injecting drug users in northern Thailand: evidence of an urgent need for HIV prevention](#)

(Abstract; subscription needed for full text; Asia)

This study assessed factors associated with HIV testing, its uptake, and estimates of HIV incidence after HIV testing among male northern Thai injecting drug users (IDUs) admitted for inpatient drug treatment. Factors associated with prior HIV testing included higher education and having more than one lifetime sex partner. Needle sharing was not associated with prior HIV

testing. Of the 298 men with a prior test, 80% reported a negative result on their last prior HIV test, of whom 28% tested positive in our study, leading to an estimated incidence rate of 10.2 per 100 person-years.

[✉ Email this item](#)

15. [Improving adherence to antiretroviral therapy](#)

(Research Article; Asia)

Antiretroviral therapy (ART) has transformed HIV infection into a treatable, chronic condition. Adherence to the regimen is essential for successful treatment and sustained viral control. Studies have indicated that at least 95% adherence to ART regimens is optimal. It has been demonstrated that a 10% higher level of adherence results in a 21% reduction in disease progression. The various factors affecting success of ART are social aspects like motivation to begin therapy, ability to adhere to therapy, lifestyle pattern, financial support, family support, pros and cons of starting therapy and pharmacological aspects like tolerability of the regimen, availability of the drugs. Also, the regimen's pill burden, dosing frequency, food requirements, convenience, toxicity and drug interaction profile compared with other regimens are to be considered before starting ART.

YouthNet/FHI is pleased to announce new publications and resources on HIV/sex education and peer education for youth:

16. Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries: Youth Research Working Paper No. 2 by Douglas Kirby et al. The authors analyzed 83 evaluations of such education programs and found that two-thirds of them had positive impacts on measurements of sexual behavior and virtually none had negative impacts. The paper identifies 17 characteristics of effective curricula used in the evaluated programs; four tables summarize research findings.

17. Formative Research on Youth Peer Education Program Productivity and Sustainability: Youth Research Working Paper No. 3 by Gary Svenson and Holly Burke. This paper presents the results from Phase 1 of a two-part study, including the core components of youth peer education programs and tools developed to assess such programs across cultural settings. Phase 2 will use these results to help measure impact on behavior.

Both papers can be viewed electronically at <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthResearchWorkingPapers.htm>. To request a hard copy of either paper, please send an email to youthnetpubs@fhi.org.

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Posted January 27

Greetings,

There are three postings in this message:

- 1) The PlusNews Treatment Map Updates
- 2) UNICEF and IPEN are Looking for Experts to Create Regional Atlas of Evaluation

3) Job Announcements

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1) The PlusNews Treatment Map Updates:

The PlusNews Treatment Map monitors the rollout of antiretroviral therapy in Africa, providing data for each country on the total number of people on treatment, the drug regimens used, and latest funding provided by the Global Fund, World Bank and PEPFAR.

PlusNews is pleased to announce the latest updates for the following countries: Nigeria, Tanzania and Burundi.

Visit the Treatment Map at: <http://www.plusnews.org/aids/treatment.asp>

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2) UNICEF and IPEN are Looking for Experts to Create Regional Atlas of Evaluation

Dear Colleagues,

UNICEF Regional Office for Central and Southeast Europe and the Commonwealth of Independent States, and the International Program Evaluation Network (IPEN) are currently working on the Regional Atlas of Evaluation.

We would like to collect information on the current status of evaluation function in the region and make it available for the interested parties. We believe that the atlas will help further develop evaluation capacity in the region, which is one of the UNICEF and IPEN strategic priorities.

To develop the Atlas we are looking for people who know about the status of the evaluation function in the following countries and/or are involved in evaluation work there:

- Albania,
- Bosnia and Herzegovina,
- Bulgaria,
- Croatia,
- Former Yugoslav Republic of Macedonia,
- Romania,
- Serbia and Montenegro,
- Turkey.

Could you please help us locate such people?

Thank you!

Alexey Kuzmin

pccmos@online.ru

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3) Job Announcements:

1. Monitoring and Evaluation Officer

Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) is a regional NGO based in Harare, Zimbabwe. The organisation's mission is to promote effective and ethical development responses to the epidemic and its impact through HIV/AIDS knowledge management, capacity development, advocacy, policy analysis and documentation. SAfAIDS is looking for 3 highly skilled individuals to join its dynamic team. All posts require excellent written and verbal communication skills, computer literacy, self-motivation, flexibility, adaptability and the capacity to work under pressure individually and in teams as well as an interest and commitment to work in the area of HIV/AIDS.

The post of the Monitoring and Evaluation Officer requires a skilled individual, with experience in design and implementation of monitoring and evaluation systems.

REQUIREMENTS:

- A Masters degree in statistics, demography, epidemiology, public health or related field
- Minimum 5 year working in monitoring and evaluation and experience in training/capacity building
- Excellent oral and written communication skills
- Excellent computer skills

SAfAIDS is an equal opportunity employer: people living with HIV are encouraged to apply. We offer the right person an exciting opportunity to make a meaningful contribution to responses to the HIV epidemic in the region, competitive salary and benefits package.

Interested applicants should send an application and CV, information on current salary, benefits and contact details of 3 referees to:

The Executive Director,

P O Box A509,

Avondale,

Harare, Zimbabwe

Or

E-mail to info@safaids.org.zw.

Please note that only short listed candidates will be contacted.

2. International Research and Data Coordinator, Monitoring & Evaluation

Elizabeth Glaser Pediatric AIDS Foundation

Location: USA

Last Date: February 25, 2006

http://216.197.119.113/jobman/publish/article_17576.shtml

3. Program Director - HIV/AIDS

CHF International

Location: Latin America/Africa

Last Date: February 28, 2006

http://216.197.119.113/jobman/publish/article_17525.shtml

4. Researcher/Policy Analyst

Canadian HIV/AIDS Legal Network

Location: Toronto, Canada

Last Date: February 1, 2006

http://216.197.119.113/jobman/publish/article_17280.shtml

5. Professionals and Students Healthcare and Health Economics

Sanigest Internacional

Location: Worldwide

Last Date: February 20, 2006

http://216.197.119.113/jobman/publish/article_17420.shtml

6. Technical Advisor/Senior Technical Advisor: Organisational and Institutional Development

International HIV/AIDS Alliance

Location: Brighton, UK

Last Date: January 30, 2006

http://216.197.119.113/jobman/publish/article_17480.shtml

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Posted January 31

Copy email to: srogers@smtp.aed.org

Greetings,

There are three postings in this message:

- 1) Request for Information on M&E for AIDS Nutrition Care & Support Programs
- 2) Summer Institute/Course Announcements and Reminders
- 3) Evaluating the World Bank's Assistance for Fighting the HIV/AIDS Epidemic

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1) Dear AIMEnet members. Below please find a request for information. Please respond directly to "Susan Rogers" <srogers@smtp.aed.org> with a copy to AIMEnet moderator: moderator@AIMEnet.org

Subject: M&E for AIDS nutrition care & support programs

Hello Colleagues:

The Food and Nutrition Technical Assistance (FANTA) Project at AED is reviewing current monitoring and evaluation systems of food and nutrition interventions for people living with HIV/AIDS (PLWHA). Specifically we are looking for what indicators, targets, and data

collection procedures are being used to measure outcomes and impacts of nutrition care and support for PLWHA, so we can learn from these M&E practices.

If there are no written reports, but people have experiences to share, we would appreciate these as well. Interventions could include: nutrition assessment; nutrition education and counseling; supplementary food assistance; therapeutic food assistance; micronutrient supplementation; and strengthening livelihoods and food access.

We are writing to you to ask for your assistance in locating and obtaining any monitoring and evaluation plans, guidelines, program reports and other documents with this information. Also, we would really appreciate if you could forward the names, email and phone numbers of other people and programs that we could contact for this purpose.

Susan J. Rogers, PhD
Senior Research and Evaluation Advisor
Academy for Educational Development
Center on AIDS & Community Health
100 Fifth Ave.
New York, New York 10011
(212) 367-4566

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2) Summer Institute/Course Announcements and Reminders:

1. 6TH ANNUAL INTERNATIONAL PUBLIC HEALTH SUMMER INSTITUTE

JULY 5 – AUGUST 5, 2006

Sparkman Center for Global Health
University of Alabama at Birmingham (UAB)
Birmingham, Alabama, USA

(Lectures simultaneously translated; course material available in Russian available in Chinese, English and Russian to support “train the trainer” activities.)

Application Deadline: April 15, 2006

The International Public Health Summer Institute at UAB offers an intensive training opportunity designed for upgrading the skills of health professionals facing time and/or language constraints, with teaching modules on:

- Principles of Modern Public Health Research
- Principles of Public Health Leadership and Management
- Principles and Practice of Tuberculosis Control
- Management and Control of HIV/AIDS and Other STIs
- Program Monitoring and Evaluation

Relevant for public health practitioners, academicians and students from around the world who are:

- Seeking solutions to many challenges impeding public health today
- Willing to apply new knowledge in training others overseas

- Open to exploring future collaborations

The Uniqueness:

- Over thirty distinguished faculty from UAB and State Health Departments bring expertise and experience in leading public health research and practice.
- Faculty support for development of research and training proposals; opportunities for collaborations.
- Rich diversity of experience available through participants; on average forty professionals per class from ten or more countries around the globe.

For more information or application, please contact:

UAB Sparkman Center for Global Health
 RPHB 437, 1530 3rd Avenue South
 Birmingham, Alabama 35294-0022, USA
 Tel: 1-205-975-7693 * Fax: 1-205-975-7685
sparkmancenter@uab.edu
www.sparkmancenter.org

2. 19TH RESIDENTIAL SUMMER COURSE IN EPIDEMIOLOGY

FLORENCE, ITALY, FROM 26 JUNE TO 14 JULY 2006

European Educational Programme in Epidemiology sponsored by the International Epidemiological Association, the WHO Centre for Environment and Health and the Italian Association of Epidemiology

Confounding Control and Mendelian Randomization in Epidemiological Studies
 Florence, Italy, from 25 September to 29 September 2006

Website: <http://www.eepe.org/course.html>

The main three week course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week seven special modules, ranging from cancer epidemiology and cardiovascular epidemiology to the impact of changes of global climatic environment cover topics of current relevance for health (students can choose which modules to follow).

The one week course on "Confounding control and Mendelian randomization in epidemiological studies" is addressed to students with good familiarity with epidemiological methods and the practice of epidemiological data analysis

General Modules:

- Epidemiological methods *basic principles and introduction to study design*
 Franco Merletti, Neil Pearce, Lorenzo Richiardi, Rodolfo Saracci
- Statistical methods in epidemiology I : *basic principles* Bianca De Stavola, Laura Ciccolallo
- Epidemiological methods II : case control studies -Jurn Olsen, Rodolfo Saracci

- Statistical methods in epidemiology II : analysis of cross-sectional and case-control studies - Simon Cousens
- Computer analysis of epidemiological data sets: Paco Fernandez, Stefano Mattioli, Jørn Olsen, Jacopo Pasquini, Rodolfo Saracci, Aurelio Tobias
- Cancer epidemiology - Dimitrios Trichopoulos
- Cardiovascular epidemiology - Ulrich Keil, Peter Heuschmann
- Epidemiology and environment:
 - Part I - global climatic change and health - Anthony McMichael
 - Part II - local and occupational environment and health Josep Anty , Jordi Sunye
 - Part III social environment and health - George Davey-Smith
- Statistical methods in epidemiology III : analysis of follow-up studies
- Per Kragh Andersen, Annibale Biggeri, Michela Baccini, Corrado Lagazio
- Data analysis with the R-package : analysis of follow-up studies - Bendix Carstensen

The **deadline** for receipt of applications:

(1) for the three week course (starting June 26) : May 6, 2006 ;

(2) for the one week course (starting September 25) : July 8, 2006.

The courses are taught in English and are held in residential form in the "Studium" centre on the hills close to Florence.

Confounding Control and Mendelian Randomization in Epidemiological Studies

The inclusive fee, covering registration, course materials, books and full board and lodging in rooms for two students at the "Studium" centre from the Sunday night preceding the course to the Friday ending the course.

The inclusive fee for the three week main course taking place from June 26 to July 14, 2006 is 3100 (three thousand and a hundred) Euros. The number of participants is limited to seventy residents. Applications to this course are also accepted from students wishing to attend on a non-residential basis only the special modules of the third week.

The inclusive fee for the course "Confounding control and Mendelian randomization in epidemiological studies" is 1400 (fourteen hundred) Euros. The number of participants is limited to thirty five residents.

A limited number of fellowships is available for students from low and middle income countries.

<http://www.eepe.org/inform.html>

3. HARVARD SCHOOL OF PUBLIC HEALTH HOSTS THE SHORT COURSES:

-MAKING DECENTRALIZATION WORK: TOOLS FOR HEALTH POLICY MAKERS AND MANAGERS

BOSTON, MASSACHUSETTS, USA MAY 1-12, 2006

Application Deadline: March 1, 2006

Course Directors: Thomas Bossert and Paul Campbell.

Purpose:

This course is designed for senior managers and policy makers who might not be able to attend lengthy degree courses in health policy and management. The issues encountered designing, implementing and managing a decentralization transition include: financial, strategic, and quality management, monitoring and evaluation, and teambuilding. Experienced Harvard faculty members have developed this two-week comprehensive workshop to better equip policy makers and managers to meet those challenges. The first week will address the policy level process while the second week will focus on enhancing management skills in the context of decentralization. Participants can elect to attend only the first week, however, everyone is encouraged to attend the entire two-week program if possible.

Who Should Attend:

This workshop has been designed for experienced, senior managers and policy-makers in developing and transitional economies. Officials who are concerned about implementing greater managerial autonomy in previously rigid government bureaucracies will find the experience very useful. Policy makers and managers will be expected from both government and non-government organizations.

Topics Covered:

- Health System Decentralization: Policy Options
- Finance and Expenditure Overview
- Introduction to Decentralization Framework
- Human Resources in Decentralized Health Systems:
- "Policy Maker," Managing the Political Process
- Strategic Management and Quality Management
- Leadership
- Negotiation and Conflict Resolution
- Managing Organizational Change

Click here for more information about the course and for an application.

-HUMAN RESOURCES STRATEGIES & INNOVATIVE HUMAN RESOURCES MANAGEMENT FOR ACHIEVING MILLENNIUM DEVELOPMENT GOALS IN HEALTH

BOSTON, MASSACHUSETTS, USA JUNE 19-30, 2006

Application Deadline: April 19, 2006

Course Directors: Thomas Bossert and Paul Campbell.

Purpose:

The Millennium Development Goals (MDGs) require a focus on human resources, critical to reducing infant and maternal mortality, as well as the incidence of tuberculosis, HIV/AIDS, and malaria. A lack of human resources capacity is a major barrier to the achievement of these MDGs. Health officials in all countries need to recruit and retain skilled health workers at all levels. They also need to strengthen educational and management systems and to creatively finance all of the above.

This course is specifically designed to address the MDGs by providing participants with new and

innovative ways of addressing human resources policy and management issues. Individuals and country teams will learn from experts as well as peers from other nations and will develop their own draft country Strategic Plans for Human Resources. Until recently human resources training has focused on personnel management and on static models of planning for the public sector. This course, however, has been formulated to incorporate new and innovative strategies that include both the public and private sectors.

Who Should Attend:

This course is designed for experienced, senior public health officials and staff in developing and transitional economies who are involved in managing, developing strategies and in setting policy for human resources development. Applicants from both government and non-governmental organizations will benefit from this course. We encourage participation by teams of participants who can work together in the course to develop draft strategic plans for their own countries.

Topics Covered:

- Strategic Planning and Human Resources
- Financing Capacity for Human Resources
- Management Control and Human Resources
- Health Status and Human Resources
- Management Capacity and Human Resources
- Leadership and Institutional Change
- Education Capacity and Human Resources
- Conflict Resolution for Human Resources

Click here for more detailed information about the course and for an application.

How to Apply for Both Courses:

Click on the links above that follow the course descriptions.

Or scroll down to "**Spring/Summer 2006**" and click on the link under the Decentralization or the Human Resources course.

Or copy and paste the following address into your Internet browser:

<http://www.hsph.harvard.edu/ihsq/training.html>

and then click on the links under the Decentralization course and the Human Resources course.

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3) Evaluating the World Bank's Assistance for Fighting the HIV/AIDS Epidemic

Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance

This evaluation assesses the development effectiveness of the World Bank's country-level HIV/AIDS assistance defined as policy dialogue, analytic work, and lending with the explicit objective of reducing the scope or impact of the AIDS epidemic. The evaluation identifies findings from this experience and makes recommendations to improve the relevance, efficiency and efficacy of ongoing and future activities. This is the first comprehensive evaluation of the World Bank's HIV/AIDS support to countries, from the beginning of the epidemic through mid-2004. Because the Bank's assistance is for implementation of government programs by

government, it provides important insights on how national AIDS programs can be made more effective.

<http://www.worldbank.org/ieg/aids/>

Projects Performance Assessment Reports (PPAR):

Brazil: AIDS and STD Control Project I and II, in [English](#) or [Portuguese](#)

[Cambodia: Disease Control and Health Development Project](#)

Chad: Population/AIDS Control Project, in [English](#) or [French](#)

[India: National AIDS Control Project](#)

[Indonesia: HIV/AIDS and STDs Prevention and Management Project](#)

[Kenya: Sexually Transmitted Infections Project](#)

[Uganda: Sexually Transmitted Infections Project](#)

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Posted February 1

Greetings,

There are two postings in this message:

- 1) Conference Announcements
- 2) Recent Publications

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1. 11TH WORLD CONGRESS ON PUBLIC HEALTH AND THE 8TH BRAZILIAN CONGRESS ON COLLECTIVE HEALTH

Rio de Janeiro, Brazil, from 21 to 25 August, 2006

Theme – Public Health in a Globalized World: Breaking Down Social, Economic and Political Barriers

Website: <http://www.saudecoletiva2006.com.br/ingles/presentation.php>

Deadline to abstract submission: February 10th, 2006

THEMES

A. Global Actions on the Social Determinants of Health.

A.1. Gender Discrimination, War and Terrorism, and Religious Beliefs: challenges for Public Health. A.2. Over-Consumption, Hunger and Public Health. A.3. The Freedom to Breathe: Fighting for Clean Air All Over the World. A.4. How to guarantee decent and safe jobs and employment? A.5. International Trade of Drugs and Arms: Challenges for Public Health. A.6. The Public Health Challenges of Injuries and Violence

A.7. Health surveillance as essential technology to promote life. A.8. Demographic Trends in An Overpopulated World. How Many More on Planet Earth? A.9. Lifestyle Choices and Overweight/Obesity are Global Public Health Problems

B. Global Governance, Citizen Participation and the Right to Health. B.1. Community Participation, Empowerment, and Health Promotion. B.2. For a Borderless World: Migration and Health. B.3. No Races, No Ethnic Groups, No Countries: Public Health, a Right for Everyone. B.4. Integrating Gender into Public Health: Achievements and Challenges. B.5. Reproductive Health in The 21st Century - Human Rights or Basic Needs? B.6. Poverty, Development and Health: Are the Millennium Development Goals Enough? B.7. The Right to Water, Public Health and National Sovereignty.

C. Promoting Equitable Healthcare Systems in a Competitive World. C.1. Diffusion of Innovations in Health: The Competitive Advantages of Universal Public Health Systems. C.2. Health and Welfare Systems after the Reforms in the 1990s: Success Stories and Failures. C.3. Markets in Health Services - Public Health Faces Patient Mobility. C.4. Health Policy and Systems Research: A Neglected Arena. C.5. The Future of Health Professions Practices in the Face of Technological Development and Greater Volumes of Information. C.6. Globalization and Health Professionals' Migration. C.7. Who Should Regulate the Quantity and Quality of Labor in Health? C.8. Building Public Health Capacity in a Globalized World.

D. New Frontiers in Science and Technology: What Does it Mean for the Public Health? D.1. Technological Developments and Access to Drugs and Technology. D.2. Socioeconomic Inequalities in Health: Global Trade and Its Public Health Impact D.3. Food Supply Versus Transgenic Food/Genetically Modified Organisms: Risk's for the World's Public Health? D.4. Ethical Issues in International Research on Human Health: The Double Standard Controversy. D.5. Bio-threats and the Public Health Response D.6. Evaluation Research and Information Systems Improve Public Health Knowledge D.7. Confronting Global Epidemics

Organized by:

Brazilian Association of Collective Health, World Federation of Public Health Associations
inscricao@saudecoletiva2006.com.br

Av. Ataulfo de Paiva, 1251, grupo 410, Leblon, Rio de Janeiro/RJ CEP: 22440-031

Fax: (21) 2274-1941 Tel: (21) 2512-0666

Promoted by the World Federation of Public Health Associations and the Brazilian Association of Collective Health, ABRASCO

2. 14TH EUROPEAN CONFERENCE ON PUBLIC HEALTH

MONTREUX, SWITZERLAND (16/11/2006 TO 18/11/2006)

Website: <http://www.eupha.org>

Registration deadline - September 15 2006, deadline for abstract submission - May 1, 2006.
The main theme: "Politics and (or) the public's health: public health between politics and service".

Planned sub-themes are:

- Adolescent health
- Health Promotion
- Chronic disease epidemiology and prevention
- General practice
- Substance abuse
- Quality of health care
- Public health training

There is a limited possibility for subsidised places for delegates from central and Eastern Europe who have submitted an abstract. Applications for subsidised places should be submitted to the EUPHA office: d.zeeger@nivel.nl

http://asp.artegis.com/index.jsp?artegis_SID=0-26-47-7-1066156-773778-79-17-127-18-44-83-44-824579403410388-21-21

The conference is organised by the Swiss Society of Public Health.

3. 6TH NORDIC CONFERENCE ON EHEALTH AND TELEMEDICINE "FROM TOOLS TO SERVICES"

FINLANDIA HALL, HELSINKI, FINLAND 31 AUGUST – 1 SEPTEMBER 2006

Website: <http://www.nceht2006.org/>

Conference language: English

Timetable: Second Announcement and Call for Papers - January 2006

Deadline for abstract submission: March 31 2006

Main topics: Evaluation of effectiveness, Clinical telemedicine, Continuous medical education, eHealth as a comprehensive service model, International collaboration and consultations, etc.

The event is the official conference of the Nordic Telemedicine Association

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2) Recent Publications:

1. Health Evidence Network (HEN) evidence report – December 2005

WHO Regional Office for Europe,

Available online as PDF file [30p.] at: <http://www.euro.who.int/Document/E87762.pdf>

“.....Human immunodeficiency virus has a large psychological, physical and social impact on infected individuals and their families. Stigmatization worsens this impact: it hinders the prevention and treatment of HIV and hampers social support and HIV disclosure. The families most affected by HIV are characterized by low socioeconomic status, which includes such groups as drug users, migrants and asylum seekers.

The risk of transmitting HIV, which includes that of mother-to-child transmission, increases when people are unaware of their HIV infection, when they do not disclose their HIV status, when they do not have access to effective treatment and HIV care, and when they do not have access to family planning advice that addresses the issue of HIV.....”

[Summary](#)

[Contributors](#)

[Introduction](#)

[Findings](#)

[Current debate](#)

[Conclusions](#)

[Annex 1: Abbreviations](#)

[Annex 2: Evidence search methods](#)

[References](#)

2. Transferring Ghana's system of evidence-based Health Program Development

FRONTIERS and the Navrongo Health Research Centre organized a week-long forum for exchanging understanding about the Navrongo project in northern Ghana. The [Navrongo project](#), a long-term, multi-phase study, identified ways of deploying community health nurses and mobilizing community leadership to increase contraceptive use and improve maternal and child health. In May 2005, health officials from the Ministries of Health of Sierra Leone and Burkina Faso attended the meeting and discussed ways of applying lessons from the Navrongo study to their health care systems. Participants plan to develop, test, and share approaches for improving community health in the region.

Full report: [Transferring Ghana's system of evidence-based Health Program Development](#)

3. [The impact of HIV on cities in the era of treatment: a global perspective](#)

(Abstract; subscription needed for full text; Global)

This paper summarizes key aspects of the global HIV situation, focusing on HIV care and treatment programs that provide ART and their programs' impact on the epidemiology of the disease, with a particular focus on urban areas. Urban populations in both resource-rich and resource-limited settings have been impacted harder by the HIV epidemic than their rural counterparts. The authors discuss the impact of HIV in cities before and after the introduction of ART using the example of New York City, one of the world's most resource-rich cities affected by HIV, and draw on the available data from resource-limited settings to anticipate the possible impact of HIV care and treatment programs in sub-Saharan Africa and other resource-poor settings, along with strategies that can be used for evaluating impact.

[✉ Email this item](#)

4. [Peer education in HIV prevention: an evaluation in schools](#)

(Abstract; subscription needed for full text; Europe)

This study tested the effectiveness of the peer education method in HIV prevention in high school settings through a pilot intervention.

[✉ Email this item](#)

5. [Voluntary counseling and testing by nurse counselors: what is the role of routine repeated testing after a negative result?](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

Several hundred HIV negative clients in Zimbabwe were retested at 3 months using two parallel rapid tests. The low prevalence of HIV infection reported here (0.26%) question the likely cost-effectiveness of routine retesting to exclude window period and other false-negative results, suggesting the need for a wider reevaluation of the evidence to support this policy in resource-poor settings.

[✉ Email this item](#)

6. [Disclosure of HIV serostatus to sex partners: a new approach to measurement](#)

(Abstract; subscription needed for full text; Global | North America)

The objective of this study was to assess measurement of full HIV serostatus disclosure (before sex), delayed disclosure (after sex), and no disclosure to both current and recent past (in the last year) sex partners. People with HIV/AIDS were recruited from one urban hospital-based HIV clinic and two community-based HIV/AIDS organizations in the United States. It was concluded that standard measures may underestimate nondisclosure. Counseling and interventions that promote disclosure should include strategies for disclosure in ongoing relationships, assistance in notifying past partners, and a focus on partnership characteristics and dynamics.

[✉ Email this item](#)

7. [High prevalence of sexually transmitted diseases among men who have sex with men in Jiangsu Province, China](#)

(Abstract; subscription needed for full text; Asia)

This study investigated the prevalence of STDs, including HIV infection, and sexual risk behaviors among men who have sex with men (MSM) in Jiangsu Province, China. The authors write that, given that HIV prevalence among MSM in some other parts of China has been as high as 3%, STDs facilitate the transmission of HIV, and high prevalence of STDs and sexual risk behaviors among MSM exist in Jiangsu Province, the potential for the future spread of HIV is of concern, and it is urgent to provide MSMs with STD healthcare services and HIV/AIDS/STD prevention education and intervention.

[✉ Email this item](#)

8. [Impact of an educational intervention to promote condom use among the male partners of HIV positive women](#)

(Abstract; subscription needed for full text; South America)

An intervention aimed at increasing condom use by male partners was delivered to HIV positive women attending a Brazilian clinic. It included educational advice delivered by doctors and unlimited access to free condoms. After the training, doctors were more likely to provide advice on condom use. Reported use increased by 14.2% in the intervention group after 30 days.

[✉ Email this item](#)

9. [Gender and HIV/AIDS in the Asia and Pacific region](#)

(Working Paper; Asia)

(You need Adobe Acrobat Reader to access this document)

This paper focuses on the ways in which HIV/AIDS affects men and women differently,

highlighting that risks of contracting the virus differ for men and women, addresses gender-specific reasons for faster rates of female HIV/AIDS prevalence, and highlights features and experiences of HIV/AIDS in a few subregions. It also reviews effective strategies and concludes with recommendations.

[✉ Email this item](#)

10. HIV/AIDS in Europe: Moving from death sentence to chronic disease

This book tells the story of HIV/AIDS in Europe from a broad variety of perspectives: biomedical, social, cultural, economic and political. The authors are leading experts from across the region and include both the infected and the affected, be they doctors or former drug users, United Nations employees or gay men, public health researchers or community activists. They describe how, from the first documented cases in 1981 to the present era of antiretroviral management, controlling the human immunodeficiency virus in Europe has proven elusive. Yet while antiretroviral therapy lets many HIV-positive Europeans lead normal lives, the vast majority of the Region's infected residents continue to face the disease unarmed. This volume not only analyses the past and surveys the present, but suggests how to move towards two fundamental goals: providing universal access to treatment and halting the spread of HIV/AIDS. 290 pp.

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9523&pid=3542>

11. Russia's HIV/AIDS Crisis: Confronting the Present and Facing the Future

Russia is part of the “second wave” of states being struck by HIV/AIDS, and the epidemic threatens to devastate the country. Although the prevalence of the virus in Russia is currently not nearly as severe as that of sub-Saharan African states, the growth of the infection rate in Russia is second in the world only to Ukraine. 16 pp. (In English and Russian)

<http://www.eurasiahealth.org/index.jsp?sid=1&id=9531&pid=3542>

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Post February 6

Greetings,

There are two postings in this message:

- 1) In the News
- 2) Job Announcement

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1) In the News

1. Estimated Number of HIV-Positive People in China Is 650,000, According to Report by China's Health Ministry, WHO, UNAIDS

The number of HIV-positive people in China is an estimated 650,000 in 2005, 30% lower than the country's previous estimate, according to a [report](#) released on Wednesday by China's [Ministry of Health](#), the [World Health Organization](#) and [UNAIDS](#), *Reuters* reports (*Reuters*,

1/25). According to the report, 2003 estimates said that the number of HIV-positive people in China was 840,000, but current estimates say that 650,000 HIV-positive people live in the country, and 75,000 of those people have developed AIDS. The report also estimates that in 2005 there were 70,000 new cases of HIV and 25,000 AIDS-related deaths. The country's current HIV/AIDS prevalence is approximately 0.05%, the report says (China's Ministry of Health/WHO/UNAIDS, "2005 Update on the HIV/AIDS Epidemic and Response in China," 1/24). http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34972

2. Rise in prostitution threatens to fuel jump in HIV/AIDS in Kyrgyzstan

Strolling through the many parks of the Kyrgyz capital, Bishkek, it is hard not to notice the increasing number of commercial sex workers (CSWs) looking for customers. The majority of women, stamping their feet in the cold to keep warm while trying to make an eye contact with male passers-by, came to the city from rural areas in search of a better life. An estimated 40 percent of the country's 5 million people live below the national poverty line, according to national statistics, while in rural areas that rate increases to over 65 percent.

<http://www.irinnews.org/report.asp?ReportID=51319&SelectRegion=Asia&SelectCountry=KYRGYZSTAN>

3. Enhancing Voluntary Counseling and Testing in South Africa Could Improve Health of HIV-Positive People, Advocates Say

Some nurses, HIV/AIDS advocates and not-for-profit groups recently said that many HIV-positive people in South Africa could live longer and healthier lives if voluntary counseling and testing services were improved, especially in the country's KwaZulu-Natal province, the *Monitor/Mail & Guardian* reports. According South Africa [Department of Health](#)'s Web site, the department in March 2002 employed 887 counselors at 474 sites across the country.

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34975

4. U.S., Vietnam Health Ministry Sign 2006-2008 Action Plan for PEPFAR-Funded Programs

U.S. and Vietnam's [Ministry of Health](#) officials on Wednesday signed an action plan for 2006 through 2008 for HIV/AIDS-related programs funded by the [President's Emergency Plan for AIDS Relief](#), [VietNamNet Bridge](#) reports (Le, VietNamNet Bridge, 1/19). According to a joint press release issued by the U.S. Embassy in Hanoi, Vietnam, and the health ministry, Vietnam's PEPFAR-funded programs aim by 2008 to provide antiretroviral drugs to 22,000 HIV-positive people and to provide care for 110,000 people living with or affected by HIV/AIDS in the country (*Xinhuanet*, 1/18).

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34894

5. European Donors in Discussions To Provide Funding for Programs Suspended by the Global Fund in Myanmar

A group that includes the European Commission, Australia, Britain, the Netherlands, Norway and Sweden is planning to replace funding that the Global Fund to Fight AIDS, Tuberculosis and Malaria was providing in Myanmar, unnamed diplomats said on Tuesday, AFP/Yahoo! News reports (AFP/Yahoo! News, 1/24). The Global Fund in August 2005 announced a suspension of its grants to Myanmar, citing travel and other restrictions implemented by the country's government that impede the delivery of medical supplies and services. The fund in 2004 pledged

to spend \$98 million over five years to fight the three diseases in the country. ECHO, the European Commission's humanitarian aid department, last month pledged about \$18 million in funding aimed at helping vulnerable populations in Myanmar and refugees living along the country's border with Thailand (Kaiser Daily HIV/AIDS Report, 1/3).

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=34980

6. BOTSWANA: Routine HIV testing not as straightforward as it sounds

Botswana's decision to introduce routine HIV testing in all its health facilities was driven by the growing realization that plans to provide anti-AIDS medication were likely to fail unless more people were tested. Two years down the line, health officials estimate that up to 35 percent of the 1.7 million Botswana now know their status. But activists have expressed concern that the policy could be eroding the patient's right to confidentiality, with the risk of informed consent being compromised.

The landlocked Southern African country has all the ingredients for turning the epidemic around: political leadership, optimal use of existing resources and an established treatment plan. But fear of stigma has proved an even bigger hurdle, causing people to wait until they are very ill before seeking treatment.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5647>

2) Job Announcements

MEASURE Evaluation, Monitoring and Evaluation Resident Technical Advisor to USAID Tanzania

Main Roles: 1) Strengthen M&E systems and capacity for USAID and implementing partners to meet Emergency Plan Reporting Requirements 2) Strengthen HIV/AIDS M&E systems and capacity of the Government of Tanzania. 3) Maintain linkages between USAID and the USG/Tanzania SI Liaison **Reports to:** USAID HIV/AIDS Program Advisors (locally) and MEASURE Evaluation Tanzania Focal Point (technically & administratively) **Location:** Dar es Salaam, Tanzania **Supervises:** Local MEASURE Evaluation sub-contractors **Specific Tasks:** 1) Provide technical assistance for the coordination of the USAID implementing partners' Emergency Plan reporting.

- Participate as a member of the U.S. Government/Tanzania Strategic Information Team
- Maintain a data collection system for the USAID/Tanzania Emergency Plan strategic information system; Maintain USAID/Tanzania strategic information database and generate necessary reports and facilitate the use of the information; Provide technical assistance to USAID implementing partners and their sub-grantees on data collection, analysis, use, and reporting;
- Facilitate monitoring and evaluation training for relevant Emergency Plan SI Team members and implementing partners.

- 2) Collaborate with national monitoring and evaluation coordination institutions and committees (e.g. Tanzania AIDS Commission (TACAIDS), National AIDS Control Program (NACP), Ministry of Health), and relevant international donor agencies.
- 3) Coordinate

technical assistance visits from MEASURE Evaluation U.S.-based staff; specifically for the portfolio of activities supported by the Presidents Emergency Plan for AIDS Relief.4) Identify appropriate local institutions for sub-contracted work and manage sub-contracts.

Skills required: MPH (PhD preferred) in international health or related discipline; At least 3 years previous experience residing in a developing country; previous experience in HIV/AIDS programs, monitoring and evaluation, or capacity strengthening with institutions essential. Candidates must have excellent interpersonal and communication skills and be able to effectively coordinate and collaborate with U.S. government agencies, U.S. government collaborating agencies, and host country institutions. The candidate must also be committed to transferring skills and strengthening the capacity of partner institutions.

Please send cover letter and resume.

EOE/M/F/V/D

Job Code: BB/RTA

E-mail contact: hrw@orcmacro.com

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February 8

Greetings!

There are 3 items in this message:

- 1) New Publications
- 2) Discussion Forum
- 3) Conference

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1) New Publications

1. Family Health International/Youth Research Working Paper No. 1.

Iringa Youth Behavior Survey -- Findings and Report

<http://my.ibpinitiative.org/DisplayKnowledge.aspx?c=1b984841-5ff6-4ed5-a7eb-48d6897497f1&f=0ea1a890-2b3d-4c66-b1b2-10e73d906384&i=f235a617-67e4-488a-a34d-f2f20a68d396>

This paper reports on a population-based, household survey of youth ages 13 to 24. It provides a comprehensive picture of knowledge, attitudes, and behaviors of youth regarding HIV and reproductive health issues. It includes 13 recommendations on protective strategies, gender norms, knowledge-behavior gap, and services. The narrative discussions of the findings include data in 36 tables and 27 figures.

2. Family Health International Youth Research Working Paper No. 2.
Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries

<http://my.ibpinitiative.org/DisplayKnowledge.aspx?c=1b984841-5ff6-4ed5-a7eb-48d6897497f1&f=0ea1a890-2b3d-4c66-b1b2-10e73d906384&i=bf32d81a-5a30-4db8-a2df-45eab2f4cb7f>

This 45-page paper discusses findings from a review of 83 evaluations of sex and HIV education programs. The analysis found substantial positive impact on sexual behaviors in more than two-thirds of the evaluations and identified 17 characteristics of the most effective curricula used in the programs evaluated.

3. Discussion Paper No. 18 - Gender And HIV/AIDS in the Asia And Pacific Region at:
<<http://www.unescap.org/esid/GAD/Publication/DiscussionPapers/18/DiscussionPaper18.pdf>>

While the AIDS pandemic has taken many lives in the Asia-Pacific region, the past decade has seen some remarkable progress in the development and implementation of strong HIV-prevention and treatment strategies. Cambodia, the Indian state of Tamil Nadu and Thailand are cases in point. But more and more countries in the region have been moving into higher adult prevalence categories and gaps between countries in HIV prevention responsiveness have also become wide, exacerbated by social and cultural constraints regarding sexual taboos, resulting in effective HIV-prevention interventions encountering inertia or overt resistance. Particularly troubling is the prospect of an HIV epidemic in parts of the region originally assessed as low-risk based on low HIV prevalence rates in the 1990s. As is the case with the more recent threat of avian flu, the failure of governments to give adequate attention to existing or potential epidemics or to institute a proactive prevention plan, combined with the proliferation of practices and behaviors which put people at risk of contracting such viruses threaten to make these countries the "new frontline" of an epidemic in this decade.

The progression and evolution of HIV/AIDS and campaigns to prevent its spread have also increasingly revealed the intensifying and widening consequences of the disease on women. Moving beyond the original high-risk population for HIV infection (drug injectors, homosexuals, prostitutes), changing HIV transmission patterns in the past few years have resulted in an increase in the numbers of women becoming infected. Data estimates show that the percent of women aged 15-49 living with AIDS increased from 2003 to 2005 in South and Southeast Asia (1%), East Asia (1%) and Oceania (11%).

For more information on the UNESCAP Gender and Development Section, please visit:
<<http://www.unescap.org/esid/GAD/index.asp>>

2) Discussion Forum

What do you think should be the appropriate role for the Global Fund in the future? In particular, what do you think are new or different roles that the Fund is in a unique position to play especially well in the future (for example, because of its principles, its design, or its skills) ?

In thinking about the Fund's role in the future, it may be helpful to think about what factors and/or resources you look to the Global Fund to provide, versus what you look to other funders to provide. For example, you could consider, amongst others, such factors as:

- Its effect on the pricing and availability of essential health products (drugs, bednets, etc.),
- Its ability to raise money
- Its advocacy on the global stage for additional funding to fight the diseases
- Its ability to fund country programs
- Its ability to encourage results from grantees
- Its ability to demonstrate its own results
- Its ability to support country priorities, plans, actions
- Its assistance to help support grant performance (like the focused assistance provided on procurement)
- Its cooperation and coordination with other international partners
- Its cooperation and coordination with government
- Its engagement of civil society
- Its engagement of the private sector
- Its support of health systems

To access the monthly discussion theme, please click on the following link:

<http://forum.theglobalfund.org/en/viewtopic.php?t=39>

3) Conferences

Global Health Council 33rd Annual Conference

Excellence, Innovation and Influence: Pathways to Results

May 30 - June 2, 2006

Visit our annual conference page for announcements and updates. Online registration is now available as well as volunteer registration and information for international travelers.

<http://en.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&j=61578051&u=566069>

February 10

Greetings!

There is one posting in this message:

- 1). Request for information on OVCs.

=====

- 1). Dear AIMEnet members. Below please find a request for information. Please respond directly to "Dr. Marc Aguirre" <Marc.Aguirre@hwwafrica.org> with a copy to AIMEnet moderator: moderator@AIMEnet.org

HOPE worldwide is developing guidelines on the provision of a 'minimum package' of services for orphans and vulnerable children. We are eager to review other organisation's service delivery approaches with regards to the provision or facilitation of holistic services (PSS, Nutritional, educational, mental, etc.) We would appreciate any input or guidance on this.

Regards

Dr Marc Aguirre
ANCHOR Program Manager
HOPE worldwide

Tel: (+2711) 794 2002
Fax: (+2711) 794 3009
Email: Marc.Aguirre@hwwafrica.org

February 13, 2006

Greetings!

There is two posting in this message:

- 1) Request for information on Funding for M&E Activities
- 2) Job Announcements

1) Dear AIMEnet members. Below please find a request for information. Please respond directly to "Khanyisa Manzini" <khanyisa.manzini@hwwafrica.org> with a copy to AIMEnet moderator: moderator@AIMEnet.org

Dear fellow 'practitioners'

We have found that our community-based programs continue to grow at a phenomenal rate. This has invariably put a heavy strain on resources all around, most of all M&E. How are you all tackling the issue of limited resources, as at times much attention and focus is paid to service delivery as compared to M&E? Is there a concerted drive by program directors and managers to solicit funding specifically to address M&E needs in your organisation?

Khanyisa Manzini
M&E Program Manager

HOPE *worldwide* South Africa
Tel: +27 11 794 2002 Fax: +27 11 794 3009
Mobile: 082 804 0733

2) Job Announcements

1. MONITORING AND EVALUATION SPECIALIST

MACRO INTERNATIONAL INC., AN OPINION RESEARCH CORPORATION COMPANY (ORC MACRO), is a professional services firm offering high quality research, management consulting and information technology services supporting business and government.

ORC MACRO has an immediate opening for Monitoring and Evaluation Specialist to work with the MEASURE Evaluation Project, an international health monitoring and evaluation project. Duties include: developing and implementing country performance monitoring and evaluation strategies for population, health, and nutrition programs - primarily in the fields of HIV and infectious disease; contributing to research and M&E methodology development activities; supervision of data collection activities including population and facility-based surveys; data analysis and report writing including writing articles for publication; formal and informal training and capacity building with developing country participants.

Candidates must be able to effectively coordinate and collaborate with US and international donor agencies and host country institutions. Position requires strong knowledge of HIV and/or infectious disease monitoring and evaluation and experience working in developing country settings. Excellent social interaction skills and writing skills are essential; a PhD or equivalent in epidemiology, demography, public health or related field (or Master's degree with significant experience) and ability to travel 20-30% time required. Language skills (French, Spanish, or Portuguese) highly desirable.

ORC MACRO offers an excellent compensation and benefits package including 401(k), profit sharing, tuition reimbursement, casual business dress, and free parking.

EOE/M/F/V/D

Job Code: MEASURE-M&E/BB

E-mail contact: hrw@orcmacro.com

2. ASSOCIATE MONITORING AND EVALUATION SPECIALIST

MACRO INTERNATIONAL INC., AN OPINION RESEARCH CORPORATION COMPANY (ORC MACRO), is a professional services firm offering high quality research, management consulting and information technology services supporting business and government.

ORC MACRO has an immediate opening for an Associate Monitoring and Evaluation Specialist to work with the MEASURE Evaluation Project, an international health monitoring and evaluation project. Duties include: developing and implementing country performance monitoring and evaluation strategies for population, health, and nutrition programs - primarily in the fields of HIV and infectious disease; contributing to research and M&E methodology development activities; data analysis and report writing; assisting with donor and agency coordination efforts, and formal and informal training and capacity building with developing country participants.

Candidates must be able to effectively coordinate and collaborate with US and international

donor agencies and host country institutions. Position requires knowledge of HIV and/or infectious disease monitoring and evaluation and experience working in developing country settings. Excellent social interaction skills and writing skills are essential; MPH and 2-3 years experience in public health with USAID or field experience in M&E, ability to travel 20-30% time required. Language skills (French, Spanish, or Portuguese) highly desirable. ORC MACRO offers an excellent compensation and benefits package including 401(k), profit sharing, tuition reimbursement, casual business dress, and free parking.

EOE/M/F/V/D

Job Code: MEASURE-M&E/BB

E-mail contact: hrw@orcmacro.com

3. Monitoring and Evaluation/Research Specialist

Organization: Chemonics International, Inc.

Country: United States

Apply By: 20 February 2006

View Now:

<http://www.developmentex.com/controller/RecruitingController.srvt?action=openJobDetailNoLogin&opportunityId=13952>

February 15

Greetings!

There is two posting in this message:

- 1) Upcoming Conferences
- 2) Call for Proposals

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1) Upcoming Conferences

1. Impact Evaluation of Population, Health and Nutrition Programs

July 31 - August 18, 2006

Instituto Nacional de Salud Pública (INSP), Cuernavaca, México

The MEASURE Evaluation Project in collaboration with the Instituto Nacional de Salud Pública (INSP), Cuernavaca, México is pleased to announce the regional workshop on "Impact Evaluation of Population, Health and Nutrition Programs," for Spanish speaking professionals. The three-week course will be held July 31 - August 18, 2006 in Cuernavaca, Mexico.

Taught in Spanish, this workshop will provide intensive training in the concepts and practice of program impact evaluation. The goal is to provide professionals responsible for evaluating PHN programs with appropriate conceptual frameworks, methods and tools for examining the impact of their programs on health-related behavior and health outcomes. The workshop intends to

develop participant's criteria for choosing the appropriate analysis method given the characteristics of the program, the availability of data and the health outcome to be evaluated.

The course fee will be US \$1,100 and accommodation, meals, and miscellaneous expenses, excluding airfare are estimated to be \$2,750 for the duration of the workshop. Updated course descriptions and application material will be posted on this webpage shortly.

A limited number of MEASURE Evaluation fellowships are available to qualified students.

For more information please contact measure_training@unc.edu.

2. Eastern European and Central Asian AIDS Conference

May 15-17, 2006

Moscow, Russia

<http://www.eecaac2006.org/eng/>

The idea of an Eastern European and Central Asian AIDS conference was first discussed during the International AIDS Conference in Bangkok 2004. The Federal Service for Supervision of Consumers Protection and Welfare in the Russian Federation, the United Nations Joint Programme on HIV/AIDS (UNAIDS), and the International AIDS Society (IAS) joined together to organize the first Eastern European and Central Asian AIDS Conference. The Russian NGO AIDS Infoshare was appointed the local host organization for the 1st Eastern European and Central Asian AIDS Conference (EECAAC). The conference, expected to gather around 1500 delegates, will join the number of regional AIDS conferences which already take place in Europe, the Americas, Africa and Asia on a biennial basis.

Objectives

The main objective is to strengthen and consolidate a large-scale response to HIV/AIDS in the region through enhanced high-level political commitment and leadership, technical capacity building as well as partnerships with people living with HIV and civil society. An estimated 1.6 million people in the region are living with HIV in 2005 - a nearly twenty-fold increase in less than ten years.

The theme of the conference is *Facing the Challenge*, underlining that countries in Eastern Europe and Central Asia have an unprecedented opportunity to reverse the epidemic by scaling up efforts for prevention, care, treatment and support. The political will is gaining momentum at all levels with innovative partnerships emerging between governments, people living with HIV and civil society. There is a steep increase in international and domestic resources and a wealth of best practices from the region and around the world is becoming available. The conference will build from these positive developments and focus on meeting the challenges ahead.

The Eastern European and Central Asian AIDS conference will precede and help set the stage for three major global events which will determine the future of the international response to HIV/AIDS: the June 2006 UN General Assembly review of the Declaration of Commitment Against AIDS; the July 2006 G8 Summit in Saint Petersburg, Russia which will include a focus on infectious diseases; and the 16th International AIDS Conference in August 2006 in Toronto.

Thus the timing of the Eastern European and Central Asian AIDS conference will bring focus and attention to HIV/AIDS in the region and how challenges and opportunities are shared globally.

Expected Outcomes

Like other major international conferences on HIV/AIDS, the meeting's work will be organised into three tracks encompassing leadership, scientific and community programmes. As such, the conference will provide a unique forum where policy makers, researchers, civil society representatives and people living with HIV from Eastern Europe and Central Asia can come together with international experts to address the particular characteristics of the HIV/AIDS epidemic in the region.

Many international organizations and bilateral donors, including The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Swedish International Development Agency (Sida), The European Commission, the International AIDS Society, AIDS Foundation East West, the World Bank, UNODC and UNAIDS are supporting the conference.

The Conference Organizing Committee is co-chaired by Gennady Onischenko, Head of the Federal Service for Surveillance of Consumer Rights Protection and Human Welfare of the Russian federation, Peter Piot, UNAIDS Executive Director, and Craig McCulture, Executive Director of the International AIDS Society.

Partnership, prevention and treatment are the main themes to be discussed during the conference. Most importantly, the conference will provide a unique and timely opportunity for organizations and individuals from across the region to share experiences and develop common approaches to the fight against HIV/AIDS at a time when the course of the epidemic can still be reversed.

For More Information

<http://www.eecaac2006.org/eng/>

2) Call for Proposals

1. CALL FOR PROPOSALS FOR THE 2006 AEA INTERNATIONAL TRAVEL AWARDS

Deadline: Friday, March 17, 2006

We are pleased to invite professional evaluators living and practicing in developing or transitional countries to submit applications for travel subsidies to attend the 2006 AEA Annual Conference, to be held during the first week of November in Portland, Oregon, USA. Funds are raised through generous donations to a silent auction held annually. This year five travel subsidies of approximately \$1,100 each will be awarded. The subsidies may be used to cover actual travel costs, food, the cost of shared accommodations, and the costs of conference registration. All awards are paid out at the conference as reimbursement of expenses. Winners will be announced by June 30, 2006.

Eligibility Criteria

In order to qualify for the AEA International Travel Award, applicants need to fulfill all criteria below:

- a.. No previous participation in AEA conferences;
- b.. Good fluency in English—able to make professional presentation and sustain a discussion in English (potential award winners could be interviewed by one of the International and Cross-Cultural TIG Co-Chairs as part of the selection process);
- c.. Submission of complete INDIVIDUAL application (no group applications will be accepted!) including cover letter, budget, and letters of reference;
- d.. Residing and practicing evaluation in a developing or transitional country for at least five years; and
- e.. Have at least one proposal accepted for presentation at the Evaluation 2006 conference.

The Submission Process

Begin by reviewing the proposal submission guidelines online by clicking [here](#). You may submit a proposal to make any type of presentation focusing on any evaluation topic.

To apply for the travel award, (1) submit the proposal itself online by the March 17, 2006 deadline using the regular conference proposal submission guidelines, and (2) send an email to Nino Saakashvili at nino.adm@horizonti.org with the following documents:

- a.. a cover letter, of no more than two pages, indicating your unique evaluation experience that could be shared with evaluators in similar/different settings and how you expect this opportunity to enhance your work in evaluation in your home country,
- b.. a budget indicating your expected travel expenses,
- c.. two letters of support, one of which must come from, and document your membership in, your local evaluation association (if one exists), and
- d.. your full contact information: email, telephone land address and work affiliation.

Proposals should be in English while letters of support may be in a different language, English, Spanish or French are preferred. Reviewers will rank the candidates based on the quality and relevance of the proposal(s) submitted by the applicant for presentation at the conference and the quality of the supporting documentation (cover letter and letters of support).

Application Deadline

Submit your online proposal and emailed supporting material by March 17, 2006.

If you have any questions, please do not hesitate to contact Nino Saakashvili at nino.adm@horizonti.org.

February 21

Greetings!

There are 3 postings in this message:

- 1) News
 - 2) HIV/AIDS Research
 - 3) Jobs
-
-

1) NEWS

1. ZAMBIA: ARV rollout - quality not quantity?

As the Zambian government takes stock of its progress in providing treatment to its HIV-positive citizens during 2005, activists and health officials agree that more emphasis should have been placed on quality, and not quantity. Having failed to meet its target to treat 100,000 HIV-positive people by the end of 2005, the Zambian government is now providing antiretrovirals (ARVs) to about half that number.

More details: <http://www.plusnews.org/AIDSreport.asp?ReportID=5681>

2. [From the Journals: Interview with John Stover](#)

In this interview, Futures Group lead author John Stover discusses his new article, "The Global Impact of Scaling-Up HIV/AIDS Prevention Programs in Low-and Middle-Income Countries."

2) HIV/AIDS RESEARCH

1. [Monitoring the scale-up of antiretroviral therapy programmes: methods to estimate coverage](#)

(Research Article; Global)

(You need Adobe Acrobat Reader to access this document)

This paper reviews the data sources and methods used to estimate the number of people on, and coverage of, antiretroviral therapy programs in low- and middle-income countries and to monitor the progress towards the "3 by 5" target set by WHO and UNAIDS. While major progress was made in sub-Saharan Africa and Asia, with treatment numbers tripling in 18 months, the authors find that coverage is still low: the total numbers fall well below the target set by the "3 by 5" program.

[✉ Email this item](#)

2. [How much attention is needed towards men who sell sex to men for HIV prevention in India?](#)

(Research Article; Asia)

(You need Adobe Acrobat Reader to access this document)

This study assessed the probability of acquiring and transmitting HIV among 6,661 men who sell sex to men and compared this with 6,648 women who sell sex in Andhra Pradesh India. The results showed that men who sell sex to men are at much higher risk of acquiring and transmitting HIV than women who sell sex. Therefore, men who sell sex to men and their clients warrant substantial attention for comprehensive HIV prevention in India.

[✉ Email this item](#)

3. [Mobility and HIV in Tanzanian couples: both mobile persons and their partners show increased risk](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

In this longitudinal study in 2,800 couples in Kisesa, rural Tanzania, researchers investigated how mobility is related to sexual risk behavior and HIV infection. More sexual risk behavior and an increased risk of HIV infection were seen not only in mobile persons but also in partners staying behind. The authors recommend that interventions aimed at reducing risk behavior due to mobility should include partners staying behind.

[✉ Email this item](#)

4. [Decline in sexually transmitted infection prevalence and HIV incidence in female barworkers attending prevention and care services in Mbeya Region, Tanzania](#)

(Abstract; subscription needed for full text; Sub-Saharan Africa)

This study assessed trends in STI prevalence and HIV incidence in an open cohort of 600 female barworkers in Mbeya Region, Tanzania exposed to behavioral interventions and STI screening and treatment over a period of 30 months. Researchers found that regular 3-monthly STI screening and syndromic management in combination with HIV/STI information and counselling sessions was well accepted and effective in reducing STI among barworkers.


[✉ Email this item](#)

5. [Prevalence of HIV and other sexually transmitted infections among women female commercial sex workers in Argentina](#)

(Abstract; subscription needed for full text; South America)

A cross-sectional study was conducted among 625 female sex workers (FSWs) in six cities of Argentina to assess the relationship between HIV and STDs. Hepatitis B and syphilis were the most common co-infection in subjects. Syphilis was associated with older age (30 years), 10 years in sex work, use of illegal drugs, and a prior history of an STI.

[✉ Email this item](#)

6. [HIV/AIDS prevalence and behaviour in drug users and pregnant women in Kashgar Prefecture: case report](#) 

(Research Article; Asia)

(You need Adobe Acrobat Reader to access this document)

A second generation sub-population HIV surveillance was undertaken in Kashgar City and Shache County, Xinjiang, Peoples Republic of China, targeting injecting and mixed method drug users (n=142) and pregnant and postnatal women (n=802). The sero-prevalence of HIV/AIDS was significantly higher in drug users (24.5%) than in the pregnant and postnatal women group (0.13%). The authors suggest that results from this survey can inform future directions and the development and implementation of targeted interventions, including targeted information dissemination and harm reduction strategies.


[✉ Email this item](#)

7. [Toward errorless condom use: a comparison of two courses to improve condom use skills](#)

(Abstract; subscription needed for full text; Global | North America)

This study compared the effects of two condom use courses on condom use skills. The courses were administered as part of a HIV/AIDS educational program for college students. Participants in the treatment groups (n=179) attended either a limited, 1-Session, or extensive, 3-Session, condom use course, and an additional 108 participants served as a Control Group. Condom use skills increased among participants in both treatment groups; however, the greatest improvement was among those in the 3-Session Group. The finding supports use of the extensive, 3-Session course as a more effective means for improving condom use skills.

[✉ Email this item](#)

8. [Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe](#) 

(Research Article; Sub-Saharan Africa)

(You need Adobe Acrobat Reader to access this document)

This paper presents the results of a quantitative cross-sectional survey of 371 adults in rural eastern Zimbabwe about their well-being, needs, resources, and perceptions and experiences of orphan care. Foster caregivers were disproportionately female, older, poor, without a spouse and had high levels of financial, physical, and emotional stress. Most (98%) non-foster caregivers are willing to foster orphans, many from outside their kinship network, but poverty is the primary barrier to fostering. The authors suggest that incentives for sustainable orphan care should focus on financial assistance.

3) JOBS

1. Monitoring and Evaluation Senior Advisor

Organization: Social Impact

Social Impact, a partner of CHF International, is seeking a Monitoring and Evaluation (M&E) Senior Advisor for the Community HIV/AIDS Mobilization Programme (CHAMP), headquartered in Kigali, Rwanda. The USAID-supported programme focuses on improving and

expanding the delivery of community-based services focused on HIV/AIDS prevention, palliative care, and orphans and vulnerable children. It also includes strengthening the capacity of organisations providing and supporting such services and improving linkages. The M&E Senior Advisor will work to advise and manage the M&E component of a Rwanda based Community Service Project. The position is also structured to provide mentoring to a local Rwandan M&E expert who would assume the responsibilities of Senior M&E Advisor over time.

For more information: <http://www.comminit.com/vacancy2597.html> or email: kbuban@socialimpact.com

Posted February 24

Greetings!

There are 2 posts in this message:

- 1) Trainings
- 2) Jobs

1) TRAININGS

Training Seminars for Policy Research
"Public Health, Social Welfare Systems, and HIV/AIDS in Eurasia"
New York and Washington, D.C.
June 6-9, 2006

APPLICATION DEADLINE: MARCH 22, 2006

The Eurasia Program is pleased to announce an upcoming training seminar for policy research, entitled **"Public Health, Social Welfare Systems, and HIV/AIDS in Eurasia,"** which is scheduled to take place on June 6-9, 2006. This training seminar for policy research is sponsored by the U.S. Department of State (Title VIII), organized by the SSRC and jointly hosted at the SSRC offices in New York City and the Kennan Institute, Woodrow Wilson Center in Washington, D.C. [Read more...](#)
[Public Health, Social Welfare Systems and HIV/AIDS in Eurasia Flyer](#) (PDF format)

2) JOBS

The United Nations Population Fund is pleased to announce the following vacancy:

Vacancy Number: VA/FPA/16/2006

Closing Date: 16 March 2006

Post Title: HIV/A Adviser

Category: ICS 12 (L5)

Duty Station: Suva, Fiji

Duration: Two Years initially

Organizational Unit: Country Support Team, Suva, Asia and the Pacific Division

1 DUTIES AND RESPONSIBILITIES

Under the overall guidance and supervision of the Director, UNFPA Country Technical Services Team, the HIV/AIDS Advisor will provide policy and technical leadership to UNFPA's response in HIV prevention in Pacific Island Countries and Papua New Guinea, with a special focus on women and girls, young people and condom programming. The HIV/AIDS Advisor will specifically carry out the following duties and responsibilities:

Policy and Capacity Development

- Regularly assess, analyse and communicate to decision-makers national and regional HIV/AIDS trends, challenges and priorities with a focus on women and girls, young people and condom programming. Contribute to national efforts to develop, monitor and implement policies, plans and strategies for combating HIV/AIDS and other sexually transmitted infections (STIs).
- Advocate and provide technical guidance for a multi-sectoral approach to HIV/AIDS, including through incorporation and prioritization of HIV/AIDS prevention strategies in national development plans and frameworks including poverty reduction strategies, health sector plans, and UN Common Country Assessments and UN Development Assistance Frameworks.
- Support strengthening of regional and national technical capacity in HIV prevention, through the identification, capacity development and mobilization of potential national/regional institutional and civil society partners to expand HIV/AIDS prevention efforts and promote up-to-date and most regionally-appropriate approaches, models and methodologies.
- Provide substantive technical input to the development of UNFPA policies and strategic plans in the area of HIV-AIDS, using the collective experience from (UNFPA funded and/or implemented) activities at the country and regional level in the Pacific and recommend strategies for the adaptations of successful approaches in other regions to the Pacific Island region;
- Working closely with the Director of the UNFPA Country Technical Services Team, advocate and promote the development of joint programmes on HIV/AIDS (particularly joint planning and monitoring and evaluation) by UN Country Teams with the support and over-sight of Regional Directors Teams;
- Collaborate with other CST members to promote an integrated approach to improving reproductive health, reproductive health commodity security, and act as focal point for HIV/AIDS information for the Team.
- Support and strengthen interagency coalitions and collaborations on HIV/AIDS and young people and reproductive health commodity security at country level with UNAIDS Co-sponsors and other development partners; Assist in the review and evaluation of HIV/AIDS programmes, and provide technical support on HIV/AIDS related issues at key stages of the UN joint processes, the UNFPA country programme cycle and in national development plans and strategies.

Programme Technical Support

- Conceptualize, develop and provide support for the design and implementation of UNFPA HIV-AIDS interventions in the region, with special reference to the regionally funded UBW programme activities, to complement and support national priorities and the National HIV/AIDS strategy.
- Contribute to defining overall programmatic directions and strategies in the area of HIV-AIDS for the UNFPA programme in Papua New Guinea and Pacific Island Countries and collaborate with partners to ensure that these directions are fully understood, supported and effectively implemented at the national level;
- Provide policy, technical and programme guidance and advice to the CO's HIV/AIDS focal points and as required to national technical counterparts and partner agencies for programme implementation; ensure technical advice and support in the design and implementation of multilateral funded HIV/AIDS programmes, particularly those of the Global Fund, World Bank and Asia Development Bank;
- Promote substantive and programmatic linkages between UNFPA-supported HIV/AIDS interventions in PNG and PIC with country programme activities in RH, reproductive health commodity security, and population and development, and actively work to support and promote the recommendations of the "Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors";
- Analyze, synthesize, and disseminate lessons learned from regional and country HIV programmes and provide UNFPA and partners evidence to advocate for increasing support for HIV/AIDS programmes. Support, review and apply research to determine effectiveness, efficiency, and quality of HIV/AIDS interventions, with a special view to identifying those meriting "scaling up". Promote intercountry exchange and South-South collaboration within the sub-region.

2 COMPETENCIES

CORE COMPETENCIES

- Integrity/Commitment to UNFPA's Mandate/Valuing Diversity
- Performance Management
- Developing People/Coaching and Mentoring
- Fostering Innovation and Empowerment
- Working in Teams & Communication Information and Ideas
- Self-Management/Emotional Intelligence
- Appropriate and Transparent Decision Making
- Analytical and Strategic Thinking and Results Orientation/Commitment to Excellence
- Knowledge Sharing/Continuous Learning

FUNCTIONAL COMPETENCIES

- Conceptual Innovation in the provision of technical expertise
- Leveraging the resources of national governments & partners/Building strategic alliances and partnerships
- Job knowledge/Technical expertise
- Adaptation and application of knowledge/innovations in different contexts
- Integration in a multidisciplinary environment
-

3 QUALIFICATIONS

- Post graduate degree in Public Health, Medicine or Social Sciences;
- 10 years of professional experience in the field of HIV/AIDS, with significant academic and/or programme/policy experience;
- Strong skills in policy analysis and demonstrated experience in policy development and evaluation;
- Extensive knowledge and understanding of the HIV/AIDS situation and trends, globally and regionally, and a thorough understanding of the social, economic and gender dimensions of the epidemic;
- Familiarity with the Pacific region and familiarity with the UN system and/or experience working with government and civil society is an added advantage

UNFPA provides a work environment that reflects the values of gender equality, teamwork, respect for diversity, integrity and a healthy balance of work and life. We are committed to maintaining our balanced gender distribution and therefore encourage women to apply.

We offer an attractive remuneration package commensurate with the level of the position. The package includes a competitive net salary starting at \$US 94,370 plus housing allowance, home leave, health insurance and other benefits.

How to apply

Candidates must complete a United Nations Personal History form (P.11). The P.11 form is also available on the UNFPA web site at www.unfpa.org. You may send your application via e-mail to: va-16-06@unfpa.org. Please indicate post title and vacancy number. **Please do not use the "Reply" button to this message. All questions related on the announcement must be sent to va-16-06@unfpa.org.**

We will only be able to respond to those applicants in whom UNFPA has a further interest. Women and nationals from developing countries are encouraged to apply.

UNFPA reserves the right to appoint at the indicated or lower level and prior to the closing date.

This is a project-funded post

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3. Global Public Health

An International Journal for Research, Policy and Practice
New for 2006

Website: <http://www.tandf.co.uk/journals/titles/17441692.asp>

Aims & Scope

Global Public Health is a peer-reviewed journal that energetically engages with key public health issues that have come to the fore in the global environment — mounting inequalities between rich and poor; the globalization of trade; new patterns of travel and migration; epidemics of newly-emerging and re-emerging infectious diseases; the HIV/AIDS pandemic; the increase in

chronic illnesses; escalating pressure on public health infrastructures around the world; and the growing range and scale of conflict situations, terrorist threats, environmental pressures, natural and human-made disasters.

Directed and supported by a leading international board of experts, the journal is broad-based and wide-ranging, including work that draws on the environmental health sciences; epidemiology; health policy and management; and the social sciences as applied to public health and medicine. It is characterized, and distinguished from other journals currently available in the field by its:

- global and multidisciplinary focus;
- emphasis on significant international health issues, including their social and cultural dimensions as appropriate;
- concern to understand resource-poor and resource-rich countries, and the public health challenges they face, as part of a single, interacting, global system.

Sections

The journal will aim to become the lead environment internationally for the publication of papers adopting a global focus with respect to:

- Social patterning of health, including social exclusion, health disparities and inequalities [Associate Editor: Christina Zarowsky - International Development Research Centre, Canada]

- Environmental health sciences, including natural catastrophes, disasters, famine, pollution, ecotoxicology and environmental threats

[Associate Editor: Paul Wilkinson - London School of Hygiene and Tropical Medicine, UK]

- Population and health, including sexual and reproductive health, mental health, indigenous health and the health of minorities

[Associate Editor: Marcia Inhorn - University of Michigan, USA]

- Conflict and health, including torture, war, terrorism, civil disturbance and the health of displaced populations

[Associate Editor: Ron Waldman - Columbia University, USA]

- International health policy and practice, including social justice, human rights and health; together with the role of international agencies, governments and civil society [Associate Editor: Sofia Gruskin - Harvard University, USA]

- Global health and development, including the health effects of major economic development trends and the impact of globalization on health outcomes [Associate Editor: Anthony Zwi - University of New South Wales, Australia]

5. Logical Framework Approach

http://www.sida.se/shared/jsp/download.jsp?f=SIDA1489en_web.pdf&a=2379

The Logical Framework Approach LFA, the Logical Framework Approach, is an instrument for objective oriented planning of projects. The method may also be used for analysis, assessment, follow-up and evaluation of projects. What the method is used for depends on the role of its users and their needs. The LFA method is an instrument to improve the planning, implementation, monitoring and evaluation of a development intervention. The systematic application of the method, with good judgment and sound common sense, can help to improve the quality, and

hence the relevance, feasibility and sustainability of development cooperation.
http://www.sida.se/shared/jsp/download.jsp?f=SIDA1489en_web.pdf&a=2379

5. Guide for Designing Results-Oriented Projects and Writing Successful Proposals

http://www.ippfwhr.org/publications/publication_detail_e.asp?PubID=46

This manual introduces tools for designing a project that is results-oriented and that will appeal to donors. It focuses on integrating monitoring and evaluation activities into the project from the beginning. The manual also describes what sections to include in the proposal, gives examples, and provides tips on what donors are looking for. This publication is aimed at organizations seeking funding for a medium- to large-size project, but suggestions in the guide are also useful when developing a concept paper or smaller project. (Series: IPPF/WHR Tools, No. 1)

Publisher: IPPF/WHR

Publication Date(s): 2002

Number of Pages: 48

http://www.ippfwhr.org/publications/publication_detail_e.asp?PubID=46