

Guide to the strategic planning process for a national response *to* HIV/AIDS



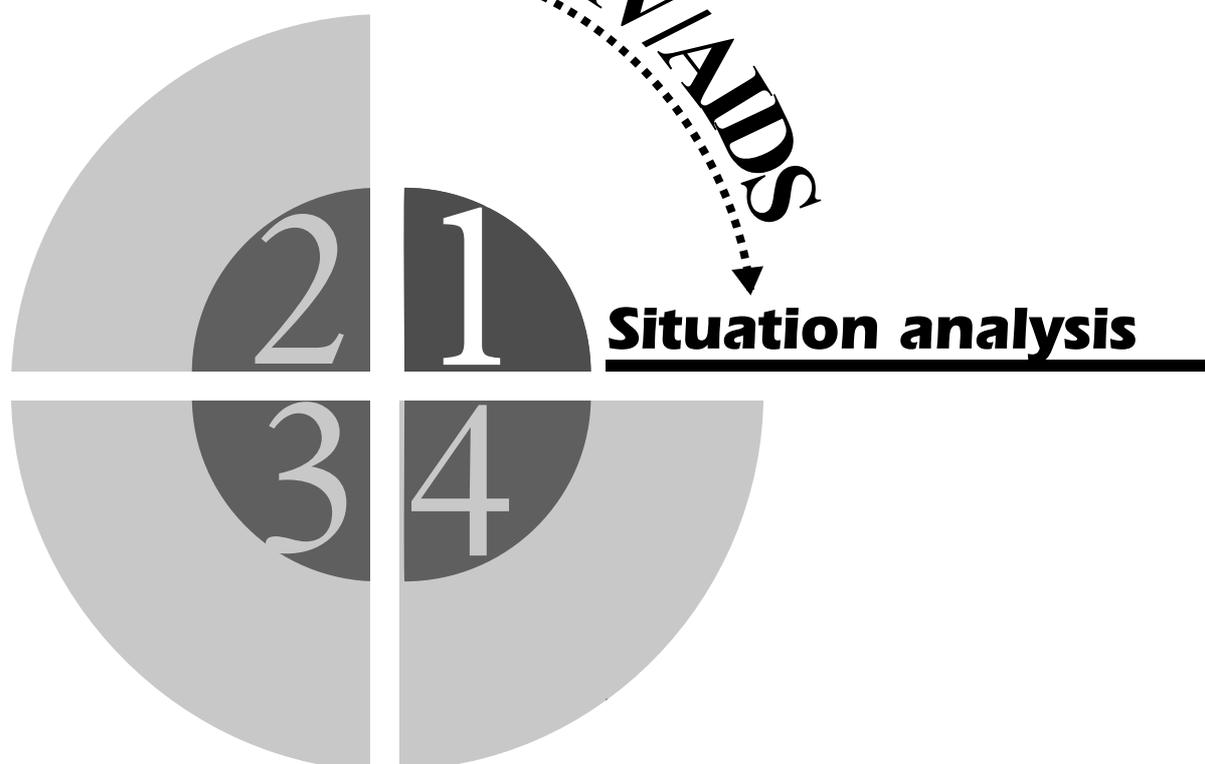
Joint United Nations Programme on HIV/AIDS

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KEY MATERIAL

Guide to the strategic planning process for a national response *to* **HIV/AIDS**



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Table of contents

- I. Introduction**
 - I.1 Using this module 5
 - I.2 Why conduct a situation analysis? 6
 - I.3 Who will use the finished analysis 6

- II. Responsibilities**
 - II.1 Overall responsibility..... 7
 - II.2 The situation analysis team..... 7

- III. The situation analysis process**
 - Scheduling of process steps..... 9
 - III.1 Preparatory work..... 9
 - III.2 Brief the situation analysis team..... 10
 - III.3 Gather information..... 10
 - III.3.1 The main questions to be answered..... 10
 - *Example: Gathering information related to HIV transmission among young people* 12
 - III.3.2 Topic areas for enquiry..... 14
 - III.4 Analysis..... 25
 - III.5 Produce the report 26
 - III.5.1 Organizing the information 26
 - *Example: Conclusions of analysis in one key area: Youth* 26
 - III.5.2 Organizing the text..... 27
 - *Example: A report outline*..... 27
 - III.6 Circulate the report for comment, finalize..... 28

- IV. Next step: towards the response analysis..... 28**

- V. Bibliography 29**

I. Introduction to situation analysis

A situation analysis puts the HIV epidemic in its social, economic, and cultural context in a given country. It looks at who is infected or is vulnerable to infection, and tries to explain why. It looks for explanations not just in people's behaviour, but in the social, economic, and cultural situations which underlie that behaviour.

A situation analysis looks specifically at situations that may be relevant to HIV, the factors that favour or impede its spread, and the factors that favour or impede achieving the best possible quality of life for those living with HIV and for their families. Since the analysis explains the current situation, it helps to identify opportunities for changing that situation. Those opportunities will involve building partnerships across the public sector and between the public, private, and community groupings that make up society, bringing a wide range of people, skills, and resources into the national response.

I.1 Using this module

This module, like the others in the Guide, is intended for use by country programmes, either at a national or decentralized level. However, other agencies and organizations such as international nongovernmental organizations (NGOs) and donor agencies may also find it useful to conduct a situation analysis for their AIDS strategies. The module is also a practical guide for the staff conducting the analysis.

The Guide recognizes that countries are at different stages in their response to the HIV/AIDS epidemic. They have varying resources at their disposal, and varying access to expertise and information. Consequently, many readers will already be familiar with at least some of the information-gathering or analytical activities the module contains, or have ready access to this information. Others may want more details of activities that are new to them, or that deal with subjects on which they lack information.

The module's main text describes broadly the situation analysis activities. Documents listed in the bibliography provide more details on specific activities and information better adapted to a specific region. Therefore, the bibliography will vary from one region to another. A recently completed situation analysis is included among the references.

In the software version of the module available on UNAIDS's web site, hyper-text will be used to refer to these documents. Clicking on words in hyper-text (i.e. underlined and in a different colour) will bring the reader automatically to more detailed information.



These graphics (in the margin) contain references to documents published or under preparation in the UNAIDS Best Practice Collection. These documents discuss the major challenges faced in a certain area of HIV and development, and the solutions or responses that have worked best. They give examples that may be adapted to many situations, and make recommendations based on what has been shown to be possible and most effective. For teams conducting a situation analysis, Best Practice Collection documents can be a valuable source of suggestions about issues that should be considered for enquiry. Best Practice documents may be obtained from UNAIDS offices, or from our Internet homepage at <http://www.unaids.org>.

1.2 Why conduct a situation analysis?

HIV does not spread in a vacuum. Its spread, and the quality of life of those affected by it, is deeply influenced by background, social, cultural, and economic factors that vary from place to place. An understanding of these background factors will help programme planners and communities identify the most important areas for action. It will also help them in adapting the experience of other countries and communities.

A complete situation analysis aims to identify:

- ▶ who is vulnerable to HIV/AIDS and why;
- ▶ the most serious obstacles to expanding the national response; and
- ▶ the most promising opportunities for expanding the response.

1.3 Who will use the finished analysis?

The situation analysis will be used first by the group that analyses the response to HIV and then by the people who formulate a strategic plan. It may also be of interest to groups like potential donors, expanding NGOs or the media, which are not yet involved in the national response or have not been directly included in the planning process, but who want to keep up with the HIV situation in the country. People living with HIV or affected by the epidemic may find the situation analysis helpful in planning for their own responses.

The situation analysis conclusions will guide the national response analysis in two ways. First, by highlighting the major factors that drive the epidemic, it will indicate which areas of the response should be examined most carefully. Second, by identifying the determinants of HIV transmission and its impact, it will help identify the questions that must be asked in those areas. This analysis process is treated in greater detail in *Module 2: Response Analysis*.

The conclusions of the two analysis exercises will form the building blocks of a national strategy. *Module 3: Strategic Plan Formulation* describes how the obstacles and opportunities the situation analysis identifies can be woven into a national strategy for HIV.

The situation analysis also serves as a “baseline study” against which efforts to change situations that make people vulnerable to HIV may later be measured. Together with the response analysis, it provides the foundation for an invaluable database, which can be used in monitoring and evaluating the implementation of a national strategy.

II. Responsibilities

II.1 Overall responsibility

National situation analyses will usually be directed or contracted by the National AIDS Programme manager under the direction of the National AIDS Committee (NAC) or other body or person with overall responsibility for AIDS policy. This responsibility resides within the ministry of health in many countries; elsewhere it is within the portfolio of the president or prime minister's office, or some other central government body.

Among the most important tasks of the person or group with ultimate responsibility for the situation analysis is designating and briefing the people who will carry out the work.

II.2 The situation analysis team

While an initial situation analysis can be carried out within a fixed time frame, strategic planning and management is not a one-off exercise. It is an ongoing process that involves a constant re-evaluation of situations and responses to assess which strategies are working and which need reformulation. Therefore, it makes sense to identify a team for both situation analysis and response analysis that can contribute continuously to strategic plan management. This constant monitoring will also recognize unplanned, emerging strategies that might be supported or expanded. If the core of the situation analysis team is built up in a national, academic or private institution in the country, it will be able to continue to monitor the situation and to maintain a database that can be updated in future planning cycles.

Whatever institution is chosen as the core of a situation analysis team, it may be desirable to bring in team members from elsewhere to contribute to the initial situation analysis exercise. The team should include people from different disciplines—for example, an economist, a civil servant, a community organizer, an anthropologist, and a private sector market research specialist. A person infected with HIV, and so living in very close contact with the epidemic, can often inject a dose of realism into the analysis of both HIV-related situations and the response to them.

During a country's first situation analysis exercise, the government should try to involve as many of the *key* stakeholders as possible in the team's composition, not only to increase its diversity and expertise, but also to create a sense of ownership among those agencies, in view of later resource mobilization. UNAIDS and its cosponsors, important bilateral donors or international NGOs are often keen to contribute one of their staff to participate in the different phases of the strategic planning process.

In general, the team should have the following cumulative skills:

- ▶ an understanding of the country's cultural traditions, history, and political structure;
- ▶ a familiarity with and ability to obtain the relevant social research;
- ▶ access to a range of opinions and a variety of information;
- ▶ capacity to think broadly across a range of complex social issues;
- ▶ an understanding of how HIV is transmitted and how its transmission and impact can be minimized;

- ▶ an understanding of how social and economic circumstances affect the spread of the virus and increase men's and women's vulnerability to infection; and
- ▶ an ability to be thorough and fair in studying and presenting the facts.

It is important that the people involved are able to dedicate 100% of their time to the task during the exercise's entire duration, and that someone on the team has the necessary writing skills.



UNAIDS strongly recommends that the membership of steering and advisory bodies concerned with HIV/AIDS issues include people who are living with the virus or directly affected by it. These are the people most likely to know the challenges affected communities face and to be realistic about the disease, its impact, and the response to it.

III. The situation analysis process

The situation analysis process described here is designed to provide essential information about the HIV epidemic dynamics in the country and conditions that may inhibit or support the national response. The process emphasizes the importance of working across sectors and with people at all levels in the community.

Scheduling of process steps

A situation analysis's main work can be broken down into the following phases:

1. Do the preparatory work
2. Brief the situation analysis team
3. Gather information from documents, interviews, and field research
4. Analyse
5. Produce the report
6. Circulate the report for comment and finalize

The time a situation analysis takes will depend heavily on the amount of epidemiological and social research already available, as well as on the size and structure of the nation and the stage and complexity of the epidemic. Situation analyses for strategic planning in HIV to date have taken as little as two weeks and as much as eight months.

Clearly, unless a comprehensive database is already available, the first situation analysis will take longer than subsequent analyses. Much of the information collected does not change radically over time; if it is kept on file in partner institutions or by the AIDS programme, it can be updated quickly and easily in subsequent review and planning rounds.

III.1 Preparatory work

All situation analysis phases need not be completed in a single sweep. For instance, the preparatory work should be done well in advance, perhaps by a single team member recruited for that purpose. A good preparation includes the following actions:

- ▶ Identify information sources and collecting the relevant documents. Making these documents available to all team members in advance of the situation analysis's actual start can save considerable time.
*A list of suggested sources of information can be found under **Bibliography**.*
- ▶ Identify the situation analysis team members in terms of their competence, experience, representativeness, and availability.
- ▶ The situation analysis team composition has already been discussed.
- ▶ Prepare appointments for field visits, interviews, etc.

Making these appointments well in advance, ensures that key persons are available for planned visits or for interviews, avoiding frustration on both sides, saving considerable time, and enabling actors in the field to be better prepared.

III.2 Brief the situation analysis team

The first item on the situation analysis team's agenda should be their briefing by the National AIDS Programme manager and members of the National AIDS Committee.

These briefings should include:

- ▶ discussion of the documents made available to the team;
- ▶ an understanding of the current approaches used by the national AIDS programme, especially concerning the principal strategies used, target groups, and principal activities;
- ▶ an understanding of the difficulties the national AIDS programme faces in achieving its objectives (political, cultural, as well as resource and management problems);
- ▶ probable or desirable changes in managing a national programme; and
- ▶ commitments to give practical assistance to the team conducting the situation analysis (additional technical information, logistics, appointments, etc.)

III.3 Gather information

Sources of information have already been described. The *main questions* to be answered, and the *topic areas* for analysis are given below. To identify important issues for investigation in priority topic areas, planners are advised to consult the UNAIDS "Best Practice Collection".

After the briefing, and when the team members have studied and discussed the documents they have been given, they should have a good idea of what is known about the epidemic and its root causes. Therefore, they should be able to identify what is NOT known. In that case, they should aim to collect such information through key informant interviews, focus groups or other field techniques.

These techniques may also be used to make up for the deficiencies in other data. For example, there may be an interesting study linking vulnerability to HIV to certain occupations, but no details in the study of how occupations vary between men and women. Field research may fill that gap, and allow planners to draw important conclusions that the original data would not have highlighted.

Most field research techniques use up large amounts of time and energy, and their use should be limited to collecting information essential to understanding the background to HIV in the country.

A list of publications providing more information on techniques for field research can be found in the section: Bibliography.

III.3.1 The main questions to be answered

a) What are the national guiding principles?

All countries work according to either explicit or implicit guiding principles. These may be stated in the constitution, or in international conventions to which the country is signatory; the situation analysis team will focus on these principles when it looks at political and legal issues (see Topic Areas for Analysis). Principles governing the country's commitment to changing the situations that promote the spread of HIV, and ensuring the rights and responsibilities of people directly affected by the disease, may also surface in other areas of enquiry such as women's status. Since these national principles should govern both HIV-related situations and the response to it, they should be clearly stated at the start of the analysis process.

b) What are the main factors determining the spread of HIV and its impact?

An essential characteristic of strategic planning is that it focuses on priority areas for action. UNAIDS strongly recommends that these priority areas be set initially by how important a contribution various factors make to the spread of the HIV/AIDS epidemic and its negative impact in the country. Other priorities—political, financial, community-related etc.—will be considered when opportunities for a successful response are examined later in the planning process.

The underlying factors that lead people to such behaviour may constitute the real driving force of the epidemic, more than the so-called risk behaviour itself. These factors are often economic (e.g. the absence of alternatives for earning a living for a commercial sex worker), but may be social, cultural, and environmental as well. Getting to the roots of the epidemic may enable planners to group the more important factors into priority areas for action.

In addition, epidemiological considerations may determine the importance of factors. For example, transmission rates among injecting drug users and commercial sex workers and their clients may be similarly high, and the communities may be similar in size. But if injecting drug users have sex largely with one another, while the clients of prostitutes frequently have sex with their wives and other girlfriends, then the second group has the higher potential impact on the national epidemic.

c) Obstacles: What stands in the way of change in priority areas?

The reason why an issue becomes of critical importance in determining the spread or impact of HIV is often because it has, in the past, been considered too hard to change, or because attempts to change it have failed. Analysing what perpetuates situations that make people vulnerable to HIV and its impact is a vital step in planning strategies that will succeed in the future. The situation analysis team should try to identify those obstacles, which may be very different in nature:

- ▶ groups of people may have a vested interest in perpetuating the current situation, or raise strong objections to initiatives that would provoke a change. Such groups include:
 - the vulnerable community itself;
 - politicians;
 - important funding institutions;
 - groups already unsuccessfully involved in trying to change a situation;
 - the administration;
 - religious or cultural leaders; and
 - powerful business interests.
- ▶ shortages of resources may make it difficult to reduce people's vulnerability to HIV and its impact. Resources range from financial or human to the existence of a ministry or other institution with the mandate and ability to meet the needs of a particular group of people. The situation analysis team should carefully consider any priority area for the availability of resources in:
 - institutional capacity;
 - knowledge and skills;
 - goods and services;
 - people; and
 - funding.

d) Opportunities: What factors can help promote change in priority areas?

The analysis team should be on the lookout for factors that contribute positively to changing the situation in priority areas. People or situations alike may play such role:

- ▶ Just as there are groups who perceive it as in their interest to obstruct change, so there are people and communities who can promote it. These may range from a single politically powerful individual with a vision of a safer, healthier future for the nation, to communities of people living with the disease and its consequences, to companies who want to protect their investment in a trained workforce. The same groups considered as potential obstacles in step c) should also be considered as potentially providing opportunities to promote change.
- ▶ In many countries NGOs may be a more useful avenue for dealing with situations in which the government would be less competent or willing to cooperate (e.g. approaching and educating marginalized population groups). The potential role of NGOs should be recognized as an opportunity.
- ▶ Particular events. Sometimes sad or painful events can be transformed into major opportunities for expanding the response to HIV, e.g.:
 - the news of an alarmingly increase in AIDS orphans, or a sports or media celebrity's public announcement that he or she is infected with HIV is a prime occasion for raising awareness,
 - a government's official statement of commitment to integrating HIV/AIDS into development plans should be seized upon by the situation analysis team.

The example below gives information on a group deemed vulnerable in an imaginary country's situation—youth.

Example: Gathering information related to HIV transmission among young people

a) Identify the national guiding principles

The national constitution guarantees equality of treatment for men and women and the Seven Principles of State espouse access to education and basic healthcare for all as national goals. Respect for elders is a basic cultural premise. The legal age of majority is 21, and until then young people have no independent legal rights.

b) What are the main factors determining the spread of HIV among young people?

Summary of situation relating to youth

No general population studies on HIV are available but data from sentinel surveillance among antenatal clinic attendees indicate that HIV prevalence among teenage women is 6%.

School drop-outs are three times as likely to be pregnant as teenagers still in school are. Among 14-year-olds, one boy in five and one girl in three is no longer in school. In a survey of teenage boys not in school, eight in ten cited as their hero a popular national football star that had no schooling.

Among male army recruits (19-year-olds chosen by ballot from the general population), 60% show signs of past or present STD infection. In a study by the National Medical Association, 85% of teenage men with a history of STDs said they had treated them with "street medicine". None had had an HIV test.

A national survey of attitudes among parents shows that 90% know about AIDS. Although only 10% have talked to their children about AIDS, almost all parents believe their children know about the disease “from TV”.

Over 90% feel “very strongly” that people should not have sex before marriage, and nearly the same proportion say they would disown their daughters if they found they were pregnant. Of their sons, most respondents say “boys will be boys”. Around 50% of fathers report that they themselves lost their virginity with a prostitute.

A majority of parents opposes sex education in schools, saying it will encourage children to experiment with sex. At a UNAIDS-sponsored workshop, the Minister of Education and the head of the teachers union both disagreed with this view.

Condoms are widely available for free in family planning clinics, which cater only to married couples. They are also available in pharmacies, but the price is high and the quality is considered poor. A study carried out by the Family Planning Association shows that condoms are the least popular form of contraception. In another study commissioned by a major Western manufacturer of condoms and carried out by a private management consultancy, respondents, both male and female, say they are “for dirty people” and “not appropriate for someone you love”. Although the national Red Cross began voluntary HIV testing and counselling two years ago, young people do not seem to use the service. They also avoid state-run STD clinics.

Main determinants

Many teenagers are sexually active, and at least some are engaging in unprotected sex with risk partners. Girls who are not in school appear to have more unprotected sex than those at school.

- ▶ *Young people have unclear perceptions about risk behaviour*
- ▶ *Condoms are not easily available to young people.*
- ▶ *Education in schools is not enough, since much risk behaviour may be concentrated in school drop-outs, who form a significant proportion of the teen population.*
- ▶ *Girls are more vulnerable than boys, partly because they are more likely to drop out of school sooner.*
- ▶ *The limited access to information and services that makes young people vulnerable to HIV has its roots in a social and cultural order that emphasizes the subordination of the younger generation to the older generation.*

c) Obstacles: What stands in the way of change in priority areas?

Are there interest groups that will fight against a change?

- ▶ *Social attitudes to sex among adults who influence policy—including*
- ▶ *a double standard for girls and boys and a willingness to deny existing behaviour—will be an obstacle to communicating with young people.*
- ▶ *Parents’ reluctance to allow a more open discussion of risk behaviour is strongly reinforced by religious leaders.*

Does the country have the means to bring about change?

- ▶ *While there is a ministry of sports and youth affairs, it has the lowest share of the national budget and very few skilled employees.*
- ▶ *Recent changes in economic policy have resulted in a brain drain away from the public sectors, including the state school system, and towards the private sector.*

- ▶ *With international prices in the main export commodities falling, cash for social programmes is tight. The economic crisis has cut into private contributions to voluntary services such as the Red Cross. However, major international donors are prepared actively to promote better reproductive health for young people.*

d) Opportunities: What factors can help promote change in priority areas?

Who supports change in the priority area?

- ▶ *There is strong political support for integrating HIV education into the curriculum, both from the education ministry and from the teachers union. Bearing in mind parental opposition, a compromise might be reached by developing a curriculum around “healthy lifestyles” or “family values”.*
- ▶ *The minister for youth, a member of the smallest party in the ruling coalition, retires next month. She is expected to be replaced by a former film star who is a close ally of the president.*

Who has the skills to bring about a change?

- ▶ *Several firms producing consumer goods have active and successful campaigns promoting products to teenagers.*
- ▶ *Private sector management groups have the personnel to advise community groups on effective ways of providing services to young people.*
- ▶ *Since recent changes in press and censorship laws, an active private media sector has sprung up. Ratings show that private TV and radio stations are far more effective in reaching young people than the state media.*

What existing positive aspects of the situation might be built upon?

- ▶ *Attitudes to condoms indicate they are already known as a means of preventing sexually transmitted diseases. Better packaging and promotion may help improve their image as an accessory to a caring relationship. It is critical to find ways of making quality condoms available to teenagers at a price they can afford. International firms are interested in the national market. Perhaps their marketing expertise can help resolve these issues.*
- ▶ *The majority of young people with a history of STDs have sought some treatment, though very few have been to state clinics. There may be an opportunity to work with “street doctors”. There is also a clear opening for teen-friendly services.*
- ▶ *A national obsession with football might provide an opportunity for communicating with young people in circumstances in which they feel comfortable and through people they respect.*

III.3.2 Topic areas for enquiry

Human society is a complex web of social, cultural, and economic factors that are often inter-dependent. For the sake of simplicity, teams conducting situation analyses will have to break up a complex reality into manageable topic areas. This section suggests one possible division, but analysts will find that in this division as in others there are overlapping areas. For example, the relationship between men and women in society will affect how vulnerable different people are to HIV. This is an area of enquiry in its own right. But the situation analysis team will also consider

differences between men and women when they look at subjects as diverse as employment, access to health services, and migration. Situation analysis teams will also find that there are issues of local importance, which do not easily fit into any of the categories suggested below.

a) Population issues

- ▶ Demography
- ▶ Migration, mobility, and displacement
- ▶ Geography

b) Health issues

- ▶ General health indicators
- ▶ HIV/AIDS/STD

c) Social issues

- ▶ Ethnic and cultural differences
- ▶ Religion
- ▶ Sexual behaviour
- ▶ Drug-taking behaviour
- ▶ Gender differences
- ▶ Women's status and family patterns

d) Political, legal, and economic issues

- ▶ The political system
- ▶ Law and human rights
- ▶ The economy

e) Social services

- ▶ Education
- ▶ Communications
- ▶ Health services

f) Partnerships

- ▶ Nongovernmental institutions
- ▶ The private sector
- ▶ Research institutions

The intention is to stimulate thought about whether a certain topic area is relevant to the HIV epidemic in the country, and if so, how. Team members may work from these general areas of enquiry, or may choose to devise specific questions relevant to their country situation. Even brief discussions around the areas detailed in this section will raise key questions. The documents in the UNAIDS *Best Practice* Collection may stimulate thinking about additional relevant questions.

The topic areas presented there are somewhat different from those listed above, showing that different teams working in different countries will adapt their areas of inquiry and methodologies to suit local conditions.

III.3.2.a Population issues

► Demography

Demographic characteristics act as pointers to other socioeconomic or cultural factors which may increase vulnerability to HIV, encourage risk behaviour or constrain impact alleviation. For example, a high fertility rate in teenage women may indicate significant levels of unprotected sex in that group. Differences in age and sex distribution between cities and the countryside indicate differential migration that may create patterns of sexual behaviour that leave people vulnerable to infection.

Background demographic factors will also influence people's attitudes to risk and ability to cope with the impact of the epidemic. If adult mortality is very high from short-term causes such as war or natural disaster, the threat of a chronic disease such as HIV may seem relatively unimportant.

Demographic indicators may serve as pointers to HIV-related factors:

- direct indicators of sexual behaviour such as fertility rates;
- the overall population structure and the geographic distribution of sub-populations;
- patterns of fertility and mortality that influence the way people think about survival, and the way they organize their families and communities; and
- patterns of mortality that indicate changes in the major causes of death.

► Migration, mobility, and displacement

Migration can disrupt the pattern of people's lives. Strategies for reducing risk—such as having sex only inside a single, mutually faithful relationship—may be harder to maintain, and services necessary for protection or care may be harder to access. In addition, people often migrate out of economic necessity or because they are fleeing from political persecution, civil disruption or natural disaster. They may be especially vulnerable to exploitation, and are likely to consider immediate survival as more important than long-term health.

In considering whether and how migration increases vulnerability and the spread of HIV and aggravates its impact, team members may examine:

- levels of internal and international mobility, immigration, and emigration
- patterns of migration, and the extent to which they influence the geographic spread of HIV;
- the main reasons for migration; and
- whether migration limits access to services or otherwise increases vulnerability.

Migration is a complex area, the relevance of which is extremely country-specific. UNAIDS is developing Best Practice collection documents on the subject which may help focus questioning. "Refugees and HIV" may also be of use in this area.



► **Geography**

The geography of a country may have important implications for HIV and its impact. The sheer size and geographic variation of a country can affect the implementation of national plans and policies. Relative isolation of some areas may create barriers to the spread of HIV, or it may create barriers to the information and other services, which help people to protect themselves and cope with the impact of HIV.

Geography can contribute to inequality in wealth; people living in infertile or inhospitable areas may be poorer than their compatriots elsewhere in the country, and more likely to migrate in search of work or to engage in professions such as sex work, which entail high-risk behaviour.

Team members may briefly consider:

- the size and diversity of the country and its possible constraints on policy implementation;
- geographic variations in service delivery, including communications; and
- the effect of geographic variations on livelihood and survival strategies.

III.3.2.b Health issues

► **General health indicators**

Data on health, morbidity, and mortality can tell much about the way a population lives, including about how it deals with HIV/AIDS-related issues, differences in the health status of various groups, or differences in the health status between the sexes. It can also indicate clearly the real effectiveness of public health services, and may hereby help planners to draw up legitimate expectations for planned action.

► **HIV/AIDS/STD epidemiology**

In looking at the background to the HIV epidemic, an obvious starting point is the pattern of spread of HIV and that of other sexually transmitted diseases.

Reviewing available epidemiological data, including behavioural information and studies of knowledge and attitudes, may help identify trends in the epidemic, highlighting past successes and failures and future challenges. Important information gaps may also be determined.

The team needs to think about who is infected with HIV, and who is vulnerable to infection because of their behaviour or that of their partners, or because of the knowledge and beliefs that shape their behaviour. That includes examining information on:

- HIV infection and AIDS cases (based on HIV testing and AIDS case reporting as well as on informed estimations);
- other conditions that share the same methods of transmission as HIV, such as hepatitis B, syphilis, chancroid, gonorrhoea, and other STDs. The presence of these conditions acts as a signal that people are engaging in behaviours that put them at risk of HIV infection;
- behaviour that may put people at risk of infection or protect them, including information about sexual behaviour, condoms use, drug use, needle-sharing;
- knowledge about HIV, how it is spread, and how to avoid it, which might give indications of people's capacity to adopt safer behaviours; and

- attitudes to sex, condoms, drug use, personal perception of risk and personal control over their health and behaviour that might explain people's willingness or reluctance to engage in risk activities.



Surveillance systems are under development in most countries but vary greatly in their reach and representativeness. Best Practice collection papers on surveillance and on sexually transmitted diseases may help identify questions relevant to the country situation.

III.3.2.c Social issues

The way societies are organized strongly influences vulnerability to HIV. Exploring the conditions and status of different groups within society can be a sensitive activity, but these issues are relevant both to HIV transmission and the kinds of intervention projects that can be implemented.



Many of the social issues surrounding HIV are discussed in a Best Practice Collection paper on the determinants of HIV, entitled "Driving forces behind the HIV epidemic", which will help in formulating relevant questions.

► Ethnic and cultural differences

Sexual behaviour, traditions of care for the disadvantaged, coping strategies, tolerance for social diversity, and other forms of human interaction that may influence the HIV epidemic are generally deeply embedded in a cultural context that may derive from ethnic, religious, and linguistic identities.

The situation analysis team seeks to identify how those cultural factors may influence the situations and behaviours that relate to HIV. They may investigate:

- differences in HIV-related behaviour between people of different cultural groups, including patterns of sexual initiation, marriage, and sexual mixing;
- marginalization of any group in education, employment or decision-making;
- differential access to HIV-related services, including information about the epidemic and access to reproductive health services; and
- traditions of coping and care within family and clan groupings.

► Religion

Many religious hierarchies take strong positions on personal behaviour, particularly as it relates to sex and family building. These positions are sometimes at odds with the private behaviours of followers of the religion. Religion often provides a strong community identity, and religious institutions may be important sources of information and support on social as well as moral issues. Participation in a religious grouping may also be a source of marginalization.

The situation analysis team may note:

- the major religions and their stated attitudes towards sexual and other risk behaviours;
- state and social attitudes towards different religious groups;
- signs that people do not always conform to the professed principles of their religion;
- the influence of religious leaders on government; and
- traditions of social support and service provision within each religious community.

► Sexual behaviour

Since most HIV is spread during sex, sexual relations are of critical importance to understanding why people are vulnerable to infection and what their risk behaviours are. Some high-risk behaviours may be confined to well-defined groups of people who share a common sexual identity. For many people, sexual identity and risk behaviour vary according to their current situation. So a man who considers himself heterosexual may sell sex to other men on occasion without considering himself to be part of a “high-risk” population of self-identified homosexuals.

The principal sexual risk behaviour is unprotected penetrative sex with a partner whose HIV status or sexual history is unknown.

In determining how common patterns of sexual behaviour relate to HIV in the country, team members may need to consider:

- whether there are identifiable types of sexual encounters in the country in which high-risk behaviours are more likely;
- whether risk behaviours are confined to clearly identified groups;
- the degree of mixing between people with high-risk behaviour and those with low risk behaviour;
- whether high-risk behaviours are engaged in freely, in exchange for goods or payment, or as a result of coercion;
- whether risky sexual behaviours are commonly associated with other behaviours such as drinking alcohol or taking recreational drugs; and
- the attitude of society to common risk behaviours, including attitudes that obstruct provision of services and care or which preclude open information.



Sexual behaviour varies greatly across countries. More information to help guide questions relevant to a particular country situation can be found in the Best Practice collection. “Men who have sex with men and HIV”, “Sex workers, clients and HIV” and “Sexually transmitted diseases and HIV” may be especially helpful.

► Drug-taking behaviour

Injecting drug use is a common means of transmission in many countries. In some areas, explosive growth of HIV among injecting drug users has been the spark that ignited a larger epidemic as the virus spread from drug users into other groups. Injecting drug use is often illegal and usually hidden from public view. But even where direct information on drug use is not available, there may be indirect indications of its existence that would point to the need for more information or for action.

The situation analysis team might investigate:

- what is known about injecting drug use in the country;
- the most common injection practices;
- sources of needles and sterilizing equipment;
- whether drug injectors commonly have sexual relations with non-users, including sex workers;
- laws and de facto practice with regard to arrest, incarceration, and treatment of drug injectors;

- social attitudes towards drug users; and
- any indirect indicators of drug use, such as seizure of drugs or arrest of dealers.



Information to help guide questions about drug-taking behaviour can be found in the Best Practice Document “Injecting drug use and HIV”.

► Gender differences

Gender defines the differences between men and women in terms of what they know, what they believe, and how they behave. Gender norms are related to women’s and men’s differential vulnerability to HIV infection, and their differential ability to access resources for care and support in order to cope with the impact of the epidemic. In assessing the ways men and women are vulnerable to HIV, the situation analysis team may want to look at:

- the differences in norms that define masculinity and femininity;
- differences in male and female access to education, employment, information, and freedom of movement; and
- what the roles and responsibilities are of men and women in response to the impact of HIV/AIDS.



Considering the roles and relations of men and women when planning programmes will make HIV/AIDS activities more effective and inclusive. The UNAIDS Best Practice document “Gender and HIV/AIDS” gives guidance on the major issues for questioning in this area.

► Women’s status and family patterns

In many societies women are economically and socially dependent on men. This dependency makes it more difficult for them to protect themselves from HIV and negotiate safer sex. A woman in a stable relationship who is economically dependent on her partner cannot afford to ask him to use condoms or to refuse sex for fear of losing her livelihood. Marriage norms that restrict young people’s choice of partner or oblige a younger woman to marry an older man (who may have had a sexual history exposing him to the virus) may increase a woman’s vulnerability. A cultural imperative to bear children may also restrict a woman’s ability to reduce exposure to HIV. To determine women’s status in a society, the situation analysis team may want to examine:

- the degree of autonomy women enjoy in their national, community, and personal lives;
- sources of income and support for women and their children;
- the inheritance laws of the country; and
- marriage and fertility norms.



Women’s vulnerability ranges over different issues starting from their greater biological vulnerability to social and economic vulnerability. More information for finding out factors related to women and HIV can be found in the Best Practice document “Women and AIDS”.

III.3.2.d Political, legal, and economic issues

► The political system

Politics and government influence a country's capacity to respond to the HIV/AIDS epidemic and the likely sources of support for a broad response. The structure of government and planning systems will also determine the most efficient distribution of work in a strategic planning process. In determining major opportunities for an effective national response to HIV, team members should take into account:

- the government's structure, including relations between central government and provinces or districts, and the relationship between legislators and the executive;
- the nature of national planning, including the relationship between a national development plan and sectoral plans;
- systems of policy-discussion and decision-making; major interest groups;
- systems of funding, distribution of funds across sectors and activities;
- attitudes governing national, international; and NGO funding for development; and
- national guiding principles.

► Law and human rights

Law and the principles of human rights have a profound influence on the course of the HIV/AIDS epidemic in any society. Laws governing prostitution, homosexuality or drug use may determine how easy it is to communicate with people with high-risk behaviours. Laws governing employment and discrimination may determine how vulnerable people are to losing their livelihoods once infected. Laws governing inheritance may determine whether or not a woman can continue to farm her husband's land after he dies of AIDS.

Respect for human rights will determine not just the legal framework governing people's ability to protect themselves and their communities from the epidemic and its impact, but the reality in which that framework operates. The legal and punitive environment may be important also because they influence the prison population. Where people are jailed because of their high-risk behaviours, and where high-risk behaviour exists in the prison system, prisons may influence the epidemic's spread and the quality of life of affected people.

In looking at the law and human rights, the situation analysis team may consider:

- laws that push risk behaviour underground or make it hard to communicate with vulnerable people;
- laws that prohibit or permit discrimination against people living with HIV;
- laws that increase vulnerability to infection or its consequences, including those relating to imprisonment;
- constitutional or national principles that reinforce or contradict existing laws and practices;
- constitutional or national principles that reinforce or contradict commitments made in international agreements; and
- practices known to jeopardize the constitutional rights of citizens.



For more information on the law and human rights as they apply to the epidemic, and for indications of questions that may be relevant in this area, see UNAIDS Best Practice document “Human rights, ethics, law and HIV/AIDS.” Another paper, “Prisons and HIV/AIDS” may also prove helpful.

► **The economy**

A country’s economy influences the course of the HIV epidemic in a variety of ways. Poor countries find it more difficult to fund prevention programmes and to provide a satisfactory level of care and support for those who are infected. The nation’s major industries, from subsistence agriculture to mining to export-led manufacturing, can influence patterns of income and residence, which in turn can influence vulnerability to HIV and its impact.

Often, disparities in wealth — both between individuals and between provinces — are more important in determining the spread of the epidemic than absolute levels of wealth. Absolute wealth may, however, be more important in determining vulnerability to the impact of HIV.

Because HIV affects the most economically active segment of the population, the epidemic’s progress may have important economic impact regarding lost skills and productivity.

The situation analysis team might think about:

- what resources the country can dedicate to limiting the spread of the epidemic and cushioning its impact;
- how the major industries affect people’s vulnerability to HIV;
- the potential for private sector involvement or workplace initiatives to reduce risk and vulnerability;
- whether the distribution of wealth promotes risk behaviours among certain sectors of the population;
- the strengths and weaknesses of various communities in absorbing the cost of care and impact mitigation; and
- the needs that economic sectors will face as the epidemic progresses.



A UNAIDS Best Practice Collection paper “The private sector and HIV/AIDS” contains information that could guide questioning on some of these issues.

III.3.2.e Social Services

► **Education**

Education can greatly reduce vulnerability to HIV. People with more education have more access to information on which to base their decisions. They have more opportunities for employment and income generation. They may be more easily able to adopt safe behaviours and tolerant attitudes that reduce the impact of the epidemic on others. The situation analysis team might examine:

- the reach of the school system, including state schools, private, and religious education;
- accessibility of schools for boys and girls; and
- the capacity of schools to include safe lifestyle education in the curriculum



Two Best Practice Collection papers “Schools and HIV/AIDS” and “HIV/AIDS, children and youth” give more information about key issues in this area.

► **Communications**

People’s knowledge about HIV and their attitudes towards those living with the virus greatly affect the likely success of prevention and mitigation efforts. Beliefs about the epidemic also affect whether individuals, communities, companies or government sectors are willing to give their time, energy and resources to the response to HIV. Understanding channels of dissemination can affect how information is provided.

The team may analyse:

- where most people get their information about HIV and AIDS;
- who controls those sources of information, and how credible the latter are; and
- what alternatives are available.



The importance of means of communication to HIV is discussed at greater length in a Best Practice Collection document “Communications Programming and HIV/AIDS”.

► **Health services**

The health care system is a key element in preventing HIV infection through proper case management of STDs, blood safety measures, prenatal and perinatal care, etc. And of course it is essential in the care and support of infected persons and their families. The situation analysis team may describe:

- the structure of the health system, including the relationship between primary and advanced care, reproductive health services, STDs;
- the reach and resources of the health system, including availability of staff and supplies;
- the acceptability and accessibility of health services and professionals to different population groups, especially people with risk behaviours;
- the traditions of confidentiality, counselling and home care;
- the funding of health care, including cost recovery and formal and informal health insurance schemes.



The health system intersects with many issues of interest to planners for HIV. Best Practice Collection documents relating to various aspects of the health system, care, and reproductive health are in preparation. Many will be of even greater use in guiding the Response Analysis phase of planning described in **Module 2** of this series. Others can be used to guide questioning in the situation analysis phase, also. See for instance the document on “Health System Personnel and Training and HIV/AIDS”.

III.3.2.f Partnerships

Building partnerships is a fundamental part of mobilizing resources. Most of the issues raised here will be discussed in greater depth in **Module 4**, but, as previously stated, mobilizing resources should start from the very beginning of the strategic planning process.

Governments and others planning for an expanded response to HIV will want to create effective partnerships that allow each sector to work in areas where they are most capable of achieving results efficiently. Partners from across the public, private, and community sectors will be able to help provide everything from cash and condoms to information and political pressure to build up the national response.

► **Nongovernmental institutions**

Many institutions and organizations can work with government or within the guidelines of government-led plans to contribute to an effective response to HIV. These include institutions that operate at the local level, community-based organizations, and international agencies. Some may already be involved with activities related to the field of HIV prevention, care or mitigation, others may need encouragement to integrate those issues into their activities. The situation analysis team may look for:

- NGOs already involved with HIV and development;
- institutions interested in related development topics such as women's welfare;
- institutions with strong traditions of social welfare such as monasteries or temples; and
- institutions reaching networks of people with risk behaviour or in vulnerable positions, such as adolescents.



Strong partnerships with communities and other nongovernmental groups have been crucial to broadening the response to HIV in many countries. More information that may help formulate specific questions on this topic can be found in Best Practice Collection documents on “Community mobilization and HIV/AIDS” and “Non-governmental organizations and networks and HIV/AIDS”.

► **The private sector**

Private industry can be an important and effective partner in advocacy, prevention, and care. Moreover, often they have considerable resources they are willing to spend on HIV/AIDS. The team might identify:

- how businesses contribute to vulnerability and how they might reverse that contribution;
- what skills, goods or services missing from the national response might be contributed by business;
- what incentives government might give to business to act to reduce vulnerability; and
- which business leaders are able and willing to use their influence to advocate for a broader response across sectors.



This topic is discussed at length in a Best Practice Collection Paper on “The private sector and HIV/AIDS”.

► **Research institutions**

The situation analysis is probably being contributed to by a local institution with a history of social, development or HIV-related research. More high-quality HIV-related research will lead to a better-designed response and a thus a more efficient use of resources. The situation analysis team may want to document:

- the availability of researchers and institutions experienced in HIV-related research;
- the availability of researchers and institutions experienced in similar fields such as reproductive health; and
- systems for funding of social research, and priority given to the activity.

III.4 Analysis

This is the most important step in a situation analysis. A situation analysis does not just describe a situation, it analyses its importance for the HIV epidemic. For each significant background factor influencing the epidemic in the country, this analysis should:

- indicate how the factor increases vulnerability to HIV and its effects;
- estimate the relative importance of that factor for the country's epidemic;
- identify obstacles in changing a given situation;
- identify opportunities that might contribute to an effective response; and
- differentiate between structural aspects that cannot easily be changed, and those where change is most likely.

This analysis will include relevant information from all topic areas, drawing together different aspects around a common theme. Frequently these key themes will be vulnerable groups, or structural areas that contribute to the spread of HIV and its impact. If the team identifies women as an important vulnerable group during the course of the information gathering, it may in their analysis of that theme include information from sections on demography, migration, religion, sexual behaviour, education, the economy—indeed, from nearly every area of enquiry, as well as from enquiries on “women’s status and family patterns”.

Equally, the team might, for example, identify migration as a fundamental cross-cutting theme contributing to the spread of HIV, its consequences and people’s vulnerability to the epidemic. In that case, the analysis may draw together information collected during consideration of the geography, economy, communications, health services, and ethnic and cultural differences as well as information acquired on “migration, mobility and displacement”.

The team analysing the response will use the results of this analysis. It will become the foundation upon which the new strategic plan is built. The response analysis team will consider whether the response meets the needs of the priority areas that the situation analysis identified, whether it has considered the obstacles to reducing vulnerability to HIV, and whether it takes advantage of the opportunities for effective action.

III.5 Produce the report

The situation analysis report provides a detailed summary of the findings of the working group. Information may be presented descriptively, using tables, maps, figures, and prose as appropriate.

III.5.1 Organizing the information

The goal is to produce a report that is helpful and relevant to readers from all sectors. In the exercise's analysis phase, the situation analysis team will have drawn together information into areas of primary importance to the epidemic in the country. In producing the report, they might for each of those areas state why it is judged important in the country, giving a summary of the situation. Drawing on the analysis's conclusions, the report can then point out the needs for responding to the situation. A chart can be drawn up which highlights:

- ▶ the most important obstacles to an effective response to HIV/AIDS in that area; and
- ▶ the most important opportunities with the potential to lead to a more effective response.

An example of such a presentation, drawing on the information gathered on youth (example given under III.3.1.d) , can be seen below.

Example: Conclusions of analysis in one key area: Youth

Why the issue is important: the main determinants

Young people in this country generally have been thought not to be at risk of HIV because there are strong social sanctions on sex before marriage. The situation analysis has highlighted a gap between perceptions and reality on this issue. Young people in this country do have sex, and that sex puts them at risk of HIV infection. Some young people are already infected with HIV, others with other STDs that may increase their risk of HIV infection. This may be especially true of people who leave school early. While young people are exposed to general public information campaigns about HIV, they do not have access to services that would allow them to protect themselves.

Response needs

Young people need:

- *more information about responsible sexual behaviour;*
- *condoms marketed with them in mind; and*
- *access to condoms and other services.*

Obstacles and opportunities for protecting young people from HIV and its consequences

<i>Needs</i>	<i>Obstacles</i>	<i>Opportunities</i>
<i>Responsible sexual behaviour education</i>	<i>Parents opposed Many at-risk youth not in school</i>	<i>Minister of education, teachers union favourable Precedent for AIDS messages on TV Football is a persuasive medium through which to reach young men</i>
<i>Teen-friendly condoms</i>	<i>Condoms have a bad image</i>	<i>Interest in market from private sector firms with marketing expertise</i>
<i>Access to condoms</i>	<i>Teens are denied free condoms. Open market condoms expensive, low quality</i>	<i>Private sector interest</i>
<i>Access to services</i>	<i>Teens have undiagnosed STDs, HIV Unmarried excluded from reproductive health services</i>	<i>Voluntary testing and counselling does exist Service provision infrastructure adequate but must be reoriented Young people use "street medicine" to self-treat STDs. Possibility for working with street sellers to provide information on safe behaviour</i>

III.5.2 Organizing the text

A situation analysis report should present the conclusions of the analysis of the situations surrounding HIV and AIDS in the country rather than just a description of the situations themselves. The box shows an outline of a report, presenting major themes as described above.

Example: A report outline

Acknowledgements, table of contents, list of abbreviations

- **Executive summary**

A summary of the main conclusions of the analysis in each of the important areas of the country's situation, including obstacles and opportunities

- **Introduction**

Background to situation analysis, rationale, description of study team, training, etc.

- **Research methods and approaches**

- **Analysis of the situation in key areas**

The heart of the report: presentation of the key conclusions of the analysis phase of the exercise. For each of the major themes, these conclusions may be presented following the example on Youth, suggested above.

- *Why the area is important: The main determinants*
- *Response needs*
- *Obstacles and opportunities*

- **Bibliography of major sources**

III.6 Circulate report for comment, finalize

Before submitting the finished report, the team will meet again with the National AIDS Programme manager and the National AIDS Committee in order to submit a draft of the report and present its findings.

A broad spectrum of people from communities affected by HIV will have been consulted during the situation analysis. Key members of these communities should also be given the chance to validate the report's findings. Their endorsement can contribute significantly to building support for following steps of the strategic planning process.

A timetable for providing commentary and producing the final report can be fixed when it is circulated. When comments have been returned, the final report should be produced and formally submitted to the National AIDS Programme manager.

Plans for disseminating the report will vary from country to country. In some cases, the situation analysis team will not be responsible or even involved in disseminating the report. In others they may be highly involved in activities such as press briefings, lectures, and presentations to various stakeholders in the HIV/AIDS response.



*UNAIDS strongly recommends maximum openness in disseminating information about HIV/AIDS. This means **making reports and research public in a variety of ways**, from simple publications and media releases to public presentations and posting information on the Internet. Many countries have adopted this practice, and been rewarded—both by the general population and by a variety of target groups—with increased consciousness of the epidemic and understanding what the national response is doing about it.*

IV. Next step: Towards the response analysis

Situation analyses are not ends in themselves. The situation analysis report is an essential document for analysing the response and formulating the national strategic plan (see **Modules 2** and **3**).

The situation analysis and response analysis are, to an extent, inseparable activities, since the background situation shaping the HIV epidemic will have been influenced by the past response (or lack of response), while current programmes and initiatives will be a response to an existing cultural, social, and economic situation.

The team analysing the response will take as a starting point the vulnerable groups and structural issues identified in the situation analysis as key to the epidemic, and investigate the extent to which the response has met or may meet priority needs in those areas. It will assess whether initiatives have considered the obstacles defined in the situation analysis, and will look at how they have tried to exploit the opportunities identified.

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The UNAIDS *Best Practice* Collection

As part of its Best Practice Collection, UNAIDS is currently building up a collection of documents, known as Technical Updates, on a number of important subjects related to HIV and development. These discuss the challenges faced in the field, and give specific examples of responses that have worked to date. They can help guide a situation analysis by pointing to the social and economic roots of various HIV-related behaviours and situations.

Technical Updates are, or soon will be, available on the following subjects: Antiretrovirals, Blood Safety, Community Mobilization, Counselling, Determinants, Diagnostic Testing Methods, Human Rights, Military, Mother-to-Child Transmission, Men who have Sex with Men, National Strategic Planning, People living with HIV/AIDS, Refugees, Schools, STDs, Prisons, the Female Condom, Tuberculosis, and Women's Vulnerability. The collection will be expanded and updated regularly. These documents are available from UNAIDS offices, and can be downloaded off the Internet by visiting our homepage: <http://www.unaids.org>.

The UNAIDS Epi Fact Sheet Series

UNAIDS is working with national AIDS programmes and WHO to compile a series of fact sheets giving key epidemiological data on countries. These facts sheets include figures or estimates for HIV, AIDS, and STD prevalence, as well as AIDS case reports. They also give socio-economic and health care indicators, which may help explain vulnerability to HIV. Finally, they give data on knowledge and risk behaviour. These data, crucial to any situation analysis, are being prepared for a large number of countries, and can be obtained from national AIDS programmes. UNAIDS country and regional offices as well as headquarters in Geneva can provide copies of the Epi fact sheets for other countries of interest. They are also accessible through the UNAIDS Web site (www.unaids.org).

The UNAIDS Country Profile Series

The Country Profile series gives country-by-country information on the background to HIV and the actions currently being taken to reduce its spread and impact. A country profile contains much information useful to a situation analysis. It describes major risk factors. For example, it discusses major issues of importance to the epidemic in the country. Country profiles can be requested from UNAIDS country and regional offices as well as headquarters in Geneva.

Suggested sources of information

The following suggestions will point to sources for different types of information needed in a situation analysis. The situation analysis team should bear in mind that the epidemic affects people differently. The more specific the information, the better it will help explain who is most vulnerable to HIV and its impact. Try to report key information separately for men and women, and for different age groups. In some countries, splitting up data by religion, ethnic group or language group will highlight significant differences in vulnerability to infection.

Structural indicators

Basic structural indicators of wealth, education, access to services, etc. are easily available and give a quick sketch of the landscape in which HIV unfolds.

This information, which can be stored and updated regularly, can be found in the national bureau of statistics documents or the statistical reports of various ministries. It is often assembled in a readily accessible manner by international agencies such as the World Bank, the United Nations Development Programme (UNDP) or other UNAIDS cosponsors. UNAIDS “Epi Fact Sheet” and “Country Profile” series includes a compilation of socio-economic indicators that may have implications for the HIV epidemic. Several private institutions also put together such information—individual banks and stockbrokers issue country profiles on many countries while companies like The Economist Intelligence Unit and Business Monitor regularly compile and update structural data.

Epidemiological information

A review of epidemiological information will identify what is known about patterns of infection, and major trends.

The health ministry usually compiles surveillance information. International organizations such as the U.S. Census Bureau and WHO also make data readily available. The latter keeps comprehensive lists of reported cases. UNAIDS Epi Fact Sheet series puts together comprehensive data on the prevalence of AIDS, HIV, and STDs. The Country Profile series summarizes epidemiological risk factors. In some countries, smaller scale studies containing information about HIV in specific populations are available. The results of these studies are most frequently published in national and international journals. Many can be accessed by searching a database such as AIDSLine or MEDLine.

Studies of knowledge, attitudes, and risk behaviours

Surveys and other studies on HIV, attitudes to the epidemic, infected people, and sexual and drug injecting behaviour as well as information about those behaviours themselves will help identify sub-populations that may be vulnerable to infection and the suffering it causes.

In many developing countries, the Demographic and Health Surveys (DHS) series regularly collects information at a national level about family formation that includes information on sexual behaviour and condom use. Many recent DHS surveys have included a module specifically on HIV and AIDS. WHO has also sponsored a series of national-level surveys on sexual behaviour and HIV/AIDS in several countries.

UNAIDS Epi Fact Sheets contain summary indicators of what is known about knowledge, attitudes, and behaviour related to HIV.

While national surveys are extremely useful for establishing broad outlines, in-depth studies of

more limited populations are usually more helpful in describing feelings and behaviours in sensitive areas such as sex and drug use. When such studies are conducted by academics they often appear in published journals. Often, they are undertaken or sponsored by government departments or NGOs, and published as stand-alone documents.

Other social and economic studies

The previous two sections will have helped answer the question of who is infected or at risk of infection. Other studies may help answer questions about why people are infected or at risk of infection. Studies of women's status, marriage traditions, the labour market, the legal infrastructure, migration patterns, the human rights situation, etc. may be available. These studies will also help identify the climate that dictates the care and services available to people living with HIV, and the communities potentially most affected by the epidemic.

As with those studies relating more directly to HIV, academic journals and government departments also publish studies on many social issues. International organizations such as the UNAIDS cosponsors, the International Labour Office (ILO), the Food and Agriculture Organization (FAO), and others may also have information in these areas.

Private sector research institutes, think tanks, banks or consultancies may have compiled reports on key sectors or issues in areas of economic interest. Market research firms and advertising agencies are often sources of information about media and communications. Political information may come from institutes of strategic studies, political risk consultancies, and legal and human rights institutions, either national or international. Professional associations may have information in areas of interest to their members.

Information about key resources

A situation analysis looks for opportunities to bring many groups, skills, and resources into the national response to HIV. Potential partners may be identified by scanning lists of companies, professional associations or community organizations which might have something to contribute to the response. Chambers of commerce and industry, trade promotion boards, foreign embassies and NGO umbrella organizations may publish lists of business, community, and professional groups active in various areas.

Guide to the strategic planning process for a national response to HIV/AIDS

This guide, comprising four modules plus an introduction, is intended for use by country programmes, either at a national or decentralized level, other agencies and organizations such as international non-governmental organizations and donor agencies.

Introduction

Strategic planning, as developed in the present guide, defines not only the strategic framework of the national response, i.e. its fundamental principles, broad strategies, and institutional framework, but also the intermediate steps that need to be taken in order to change the current situation into one that represents the objectives to be reached.

Module 1. Situation analysis

A situation analysis looks specifically at situations that may be relevant to HIV, the factors that favour or impede its spread, and the factors that favour or impede achieving the best possible quality of life for those living with HIV and for their families.

Module 2. Response analysis

In analysing the response, countries look at all the relevant initiatives in a priority area, not just those that are part of the official national programme. Community-organized activities and those organized by private companies, academic organizations, and nongovernmental organizations all contribute to the national response.

Module 3. Strategic plan formulation

The formulation of a strategic planning process deals with the question of what should be done about the HIV situation in the country in the future. The plan includes not only a strategic framework but the more detailed strategies necessary to change the current situation and the successive intermediate steps needed to reach the stated objectives.

Module 4. Resource mobilization

The resource mobilization module is a useful guide to find out how to acquire the resources needed to carry out work on HIV/AIDS. It focuses on the steps necessary to assess what resources are currently available (and how those resources are being used) and how additional resources (and resource partners) can be identified and accessed.