

Unit/Centre		Policy Title	
Burnet Institute		HIV and Development	
Responsible Officer	Authorised by	Revision date	Page
HIV & Dev Group Convenor	Board of Directors	July 2005	1 of 5

Introduction

HIV related disease is a global problem touching all countries and communities. More than 95 per cent of people infected with HIV live in developing countries.

HIV infection has often been considered to be a health issue, separated from the general development context. But, the HIV epidemic is closely associated with, and exacerbated by, the wider challenges to development: poverty, food and livelihood insecurity, conflict, migration and gender inequality. The epidemic has community wide impacts. A holistic approach to programming is needed in order to address the effects of the pandemic, particularly on marginalised communities. This approach recognises that peoples' vulnerability is interrelated with their access to basic rights as defined in international conventions.

Burnet has a long history of working in the field of HIV and AIDS providing technical advice, applied research, policy development, training and educational programs for the prevention and management of communicable diseases, including HIV related diseases, in low-income countries. We apply the latest scientific knowledge and international experience to community health programs in developing countries. Through a primary health care approach, we try to promote community and individual self reliance, and participation in the planning, organisation, operation and management of programs. In acknowledgement of our technical expertise, the Burnet Institute is a UNAIDS Collaborative Centre.

Burnet staff have diverse backgrounds and complementary skills and expertise. We respect each others' views and beliefs, within an environment that encourages debate and discussion. Individuals are involved in field work which informs our teaching. In turn, the academic rigor of teaching ensures that we have up to date knowledge of evidence and experience in other countries to inform our field work, advocacy and policy advice at local, national and international levels.

Burnet undertakes studies and operational research guided by sound public health, humanitarian and ethical principles, to promote and facilitate appropriate interventions to minimise the impact of the HIV epidemic.

Burnet recognises the importance of

- The right of people infected and affected by HIV to participate in the development of and implementation of HIV prevention and care policies and strategies

- The perspectives and life experiences of people living with HIV in ensuring the effectiveness of responses to the epidemic; these can only be understood and integrated through greater involvement of people living with HIV in those responses
- Basing strategies on sound analysis of setting-specific surveillance data
- The need for strengthened health systems. Health should not be a weak partner in the response, and this is especially critical if access to voluntary counselling and testing, STI treatment, prevention of mother to child transmission of HIV, and anti-retroviral therapy are to be scaled up
- The need to predict and address development conditions which accentuate people's vulnerability to HIV transmission including the effects of gender inequities
- Reducing the vulnerability of individuals and communities, who are exposed to high HIV transmission risk, irrespective of whether governments or others recognise their vulnerability
- Preventing further HIV transmission using non-coercive methods which respect people's values, traditions, opportunities and choices, and adhere to principles of harm reduction in addressing sexual and drug use issues
- Promoting a harm reduction approach to the nexus between HIV and injecting drug use, which is a prominent issue in many of the countries where we work.
- Promoting access to voluntary counselling (to obtain genuine, rather than "token", consent), diagnosis and treatment of STIs and HIV infection, through systems that are culturally appropriate, logistically feasible and technically sound
- Ensuring care and support are available for people who are ill because of HIV infection, especially in low resource settings
- Promoting access to drugs for treating opportunistic infections, and to anti-retroviral therapies, through improving systems for delivery and creating supportive environments that facilitate voluntary use of services
- Comprehensive responses to the prevention of parent to child transmission that include:
 - Recognition that primary prevention contributes to preventing HIV infection in infants
 - Emphasis on integrated interventions to protect women from infection during pregnancy and the post-partum period when they are more susceptible to infection, and have a higher risk that HIV will pass to the baby
 - Population-based strategies to reduce the risk of transmission to babies when HIV status is not known
 - Ensuring that women and couples who know they are HIV positive have access to advice and interventions to reduce the risk of HIV transmission to babies
 - Rational and careful planning for implementation and scaling up of antenatal voluntary HIV screening PMTCT programs, with interventions for those who test positive
 - Community and health service responses that provide care, support and treatment for HIV positive mothers and their families
- The interrelationship between prevention, care, treatment, support, and fighting stigma and discrimination. We acknowledge that successful community-based HIV interventions require all these components
- Reducing the social, economic and other development consequences of the HIV epidemic.

Principles underpinning our work

- We are committed to learning more about what works, and to teaching others more about what is known globally and regionally about effective responses. We believe that not all the answers to the problems of the epidemic are currently known. Our training courses encourage sharing of participants' own experiences in different settings
- We are committed to a collaborative and participatory approach to conducting situation analyses with partner agencies in each context to ensure the development of appropriate and comprehensive strategies
- We aim to build the capacity of people to understand and develop their own effective responses, rather than imposing set solutions, and we seek to avoid causing dependency
- We work to expand people's choices and options in development and their understanding of the consequences of various choices
- We believe that it is important to keep religious and moral messages about sexual behaviour separate from public health messages. We oppose the imposition of external values and beliefs, and the tying of donor financial support to the promotion of specific messages
- We recognise that provision of care and support contributes to prevention of HIV transmission and that care and prevention efforts should be integrated
- We try to maintain and improve our own expertise through continual professional development and we will provide opportunities for our partners' professional development through access to international fora and capacity building opportunities
- We acknowledge that a multisectoral response is crucial to control the HIV epidemic, therefore HIV interventions should be integrated into all programs. However, this epidemic cannot be addressed without a strong health system and we are committed to interventions that will strengthen health systems
- We are committed to collaborative process and impact evaluation to inform future directions of interventions. Information gathering is an essential component of developing understanding and devising strategies that will work in specific settings
- Working closely with other partners, we will strive to avoid duplication of activities and support a comprehensive effort to prevent the further spread of HIV, and provide care and support to those affected
- As far as possible Burnet will support programs and projects that ensure sustainable development and empower individuals and communities to sustain their responses to HIV.

Partners

We work with a wide range of partners including civil society organisations, governments, NGOs, multilateral organisations to improve HIV related health and development outcomes in varying contexts. We aim to be sensitive to local cultural, economic and political contexts, while not limiting ourselves to working with the most visible and powerful groups. We pursue opportunities to work with partners not usually involved in public health or development, and believe that it is possible to achieve good outcomes even with partners whose values and ways of working may seem to conflict with our own. We recognise that effective responses to the epidemic require the active involvement of people at all levels.

We ourselves work in global, regional, national, provincial, urban and village contexts and facilitate interaction between people from different contexts and countries.

Areas of special interest

- Policy development and development of appropriate methods to respond efficiently to the HIV epidemic
- Building capacity for strategic development of policies and programs at local, national and regional levels
- Behaviour change - working with those most vulnerable to HIV infection in ways that counter, and do not add to, stigma and discrimination
- Addressing young people's specific vulnerability
- Prevention of parent to child transmission (encouraging a broad range of approaches relevant to specific contexts)
- Facilitation of more effective leadership in responses to the HIV epidemic
- Training at a range of levels
- Developing technical guidelines
- Project and program design
- Evaluation
- Research concerning what works best, and disseminating what is learnt, through conferences, publications and educational activities
- Advocacy through providing accurate and non-judgemental information on prevention, care and support to governments, donors, program implementers, vulnerable groups and those affected by HIV.