



## **HIV AIDS/MALARIA: A HIGHLY SELECTIVE WEBLIOGRAPHY OF MAJOR RESOURCES: APRIL 25, 2011**

### **AMERICA.GOV MATERIAL:**

AIDS COVERAGE THROUGH AMERICA.GOV:

**Includes a Timeline, Videos and a Photo Gallery as well as News coverage:**

<http://www.america.gov/aids.html>

### **OTHER MAJOR USG SITES:**

AIDS: <http://www.aids.gov>

Includes Blogs, Podcasts and RSS Feeds

CENTER FOR DISEASE CONTROL:

HIV/AIDS: <http://www.cdc.gov/hiv/>

PEPFAR: <http://www.pepfar.gov/>

**World AIDS Day 2010.** Statement by U.S. Secretary of State Hillary Rodham Clinton, December 1, 2010 <http://www.state.gov/secretary/rm/2010/12/152191.htm>

**World AIDS 2010 Day:**U.S. Reports Encouraging Progress in Saving Lives through Smart Investments. U.S. Dept of State, December 1, 2010. A statement by USAID Administrator Rajiv Shah: <http://www.usaid.gov/press/releases/2010/pr101201.html>

**U.S. EMBASSY, URUGUAY: COMPILATION OF ALL USG AND INTERNATIONAL AGENCIES WORKING ON HIV AIDS ISSUES:** November 27, 2009 Compilation: [http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS\\_2009.pdf](http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS_2009.pdf)

USAID: [http://www.usaid.gov/our\\_work/global\\_health/aids/](http://www.usaid.gov/our_work/global_health/aids/)  
(Includes HIV AIDS Success Stories, learning the basics of HIV AIDS, as well as a listing of USAID HIV/AIDS Programs the world over.)

WHITE HOUSE: OFFICE OF NATIONAL AIDS POLICY:

<http://www.whitehouse.gov/administration/eop/onap>

### **INFOCENTRAL MATERIALS (including official texts) may be found at:**

<https://infocentral.state.gov/info-topics/global-health/hiv/aids/hiv/aids>

## **MAJOR GATEWAY SITES:**

AIDS at 25 from the Kaiser Foundation: <http://www.kff.org/hivaids/aidsat25.cfm>

"This web site marks the twenty-five years since the U.S. Centers for Disease Control and Prevention issued its first warning about an emerging illness that soon became known as AIDS. In recognition, the Kaiser Family Foundation is releasing several new and updated resources."

AIDS EDUCATION AND TRAINING CENTERS: NATIONAL RESOURCE CENTER :

<http://www.aids-ed.org/aidsetc?page=home-00-00>

The AIDS Education and Training Centers (AETC) conduct targeted, multi-disciplinary education and training programs for healthcare providers treating persons with HIV/AIDS." The website offers an "Online Tour of the NRC", available on the homepage, on the right side menu. Both the "Clinician Resources" and "Trainer Resources" have "Featured Resources", such as a PDF of a short influenza management guide for HIV+ patients, a PowerPoint presentation on Diabetes Mellitus and HIV, a newsletter, the HIV Meds Quarterly, and a video, "HIV and the Older Adult". Visitors can also view materials on the website by topic, under the "Topics" tab. Topics include "Prevention", "Testing" and "Population/Settings".

AIDS INFORMATION FROM THE NATIONAL INSTITUTES OF HEALTH:

<http://aidsinfo.nih.gov/>

Find HIV/AIDS news, resources, and publications for patients, health care providers, students, and researchers. Topics include new strains of HIV, current HIV treatments, anti-HIV drugs, and clinical trials on HIV/AIDS and HIV vaccines. Also includes a searchable Glossary of HIV/AIDS-Related Terms (in English and Spanish) and links to related resources. Web Site sponsored by the U.S. Department of Health and Human Services.

ELDIS: SHARING THE BEST IN PRACTICE, POLICY AND RESEARCH FOR HIV/AIDS:

<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

Includes Resource Manuals, Statistics, and other highly practical materials for use in the field. Eldis provides the best practices and resource guides from worldwide NGOs and Health Care providers around the globe, as well as research studies on children, orphans, young people and women. A highly impressive web site; especially useful for NGOs and posts wanting practical, field-tested projects.

UNAIDS: [www.unaids.org](http://www.unaids.org)

Feature stories, and updated information on Policy and Practice, Country Responses, and Partnerships, as well as a "Knowledge Centre" with speeches, blogs, press materials and releases, and specific information pertaining to HIV AIDS, including the yearly AIDS EPIDEMIC UPDATE.

U.S. EMBASSY, MONTEVIDEO, URUGUAY: COMPILATION OF ALL US GOVERNMENT AND INTERNATIONAL AGENCIES WORKING ON HIV AIDS ISSUES: November 27, 2009

Compilation: [http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS\\_2009.pdf](http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS_2009.pdf)

WORLD AIDS DAY ACTIVITIES AND CAMPAIGNS:

<http://www.worldaidscampaign.org/static/en/>

WORLD HEALTH ORGANIZATION: HIV AIDS:

<http://www.who.int/hiv/en/>

2008 REPORT ON THE GLOBAL AIDS EPIDEMIC:

[http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008\\_Global\\_report.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp)

REPORT ON THE GLOBAL AIDS/HIV EPIDEMIC FROM ELDIS:

[www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=40886&type=Document](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=40886&type=Document)

WORLD AIDS DAY: <http://www.worldaidsday.org/>

### **POLICY SITES AND USG FACT SHEETS:**

WHITE HOUSE AIDS POLICY: OFFICE OF NATIONAL AIDS POLICY

<http://www.whitehouse.gov/administration/eop/onap>

U.S. RESPONSE TO THE GLOBAL THREAT OF HIV/AIDS: BASIC FACTS. Congressional Research Service, February 22, 2011 <http://www.fas.org/sqp/crs/misc/R41645.pdf>

INTERNATIONAL HIV/AIDS, TUBERCULOSIS, AND MALARIA: KEY CHANGES TO U.S. PROGRAMS AND FUNDING: <http://fpc.state.gov/documents/organization/110385.pdf>

AIDS FUNDING FOR FEDERAL GOVERNMENT PROGRAMS: FY 1981-FY2009:

<http://fpc.state.gov/documents/organization/104280.pdf>

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA: PROGRESS REPORT AND ISSUES FOR CONGRESS: <http://fpc.state.gov/documents/organization/104718.pdf>

UNDERSTANDING THE POLITICS OF HIV POLICIES:

[www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41150&type=Document](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41150&type=Document)

HIV-AIDS: GLOBAL HEALTH: TRENDS IN U.S. SPENDING FOR GLOBAL HIV/AIDS AND OTHER HEALTH ASSISTANCE IN FISCAL YEARS 2001-2008. U.S. Government Accountability Office (GAO), October 2010 <http://www.gao.gov/new.items/d1164.pdf>

UNDERSTANDING THE POLITICS OF HIV POLICIES: [www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41150&type=Document](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41150&type=Document)

U.S. EMBASSY, MONTEVIDEO, URUGUAY: COMPILATION OF ALL US GOVERNMENT AND INTERNATIONAL AGENCIES WORKING ON HIV AIDS ISSUES and HIV AIDS POLICY ISSUES: November 27, 2009 compilation:

[http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS\\_2009.pdf](http://uruguay.usembassy.gov/usaweb/paginas/Pdf/AIDS_2009.pdf)

America's Commitment to the Fight against Global AIDS. Fact sheet, U.S. Dept of State, December 1, 2009. <http://www.state.gov/r/pa/scp/fs/2009/132857.htm> Also in PDF format (1 page, illustrated) at <http://www.state.gov/documents/organization/132982.pdf>

U.S. Government and the Global Fund Collaborate to Treat 3.7 Million Living with HIV/AIDS. U.S. Dept of State, December 1, 2009

<http://www.state.gov/r/pa/prs/ps/2009/nov/132838.htm>

### **AFRICA:**

**AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH**

Rethinking HIV/AIDS in South Africa: Has Response Been Overmedicalized?

Author: Nicholas Eberstadt, Laura M. Kelley Date: April 2010

ZEROING IN: AIDS DONORS AND AFRICA'S HEALTH WORKFORCE.

Center for Global Development. Nandini Oomman. August 26, 2010.

The report contends that AIDS donors need to move away from temporary and project-specific interventions and support instead more sustainable and long-term solutions to improve and strengthen Africa's health workforce, which is necessary to achieve national and global health outcomes. <http://bit.ly/cxhNtT> [HTML format with links].

HIV AIDS IN AFRICA: WHAT THE OBAMA ADMINISTRATION IS DOING (SECRETARY CLINTON'S HISTORIC TRIP TO AFRICA, AUGUST 2009): this story has a specific reference to Angola: <http://www.america.gov/st/africa-english/2009/August/20090810155037kjinad0.8918268.html?CP.rss=true>

HIV AIDS IN AFRICA, part of the UCLA GLOBALIZATION RESEARCH CENTER IN AFRICA: <http://www.globalization-africa.org/projects.php?project=aids>

AIDS IN AFRICA: A CRS REPORT (Updated February 2008):  
<http://fpc.state.gov/documents/organization/102634.pdf>  
(NOTE: CRS updates this approximately once a year)

AFROAIDSINFO: <http://www.afroaidsinfo.org/>  
HIV/AIDS epidemic information for sub-Saharan Africa targeted for "researchers, health professionals, educators and learners, policy makers, and the public." The site features news, events, health and medical resources about treatment and prevention, and related links. Registration (free) required to receive e-newsletters and to participate in discussion forums. <http://www.afroaidsinfo.org/>

KAISER FOUNDATION REPORT ON DONOR FUNDING FOR HEALTH IN LOW- & MIDDLE- INCOME COUNTRIES, 2001-2007, July 2009  
<http://www.kff.org/globalhealth/upload/7679-03.pdf>

HATIP REPORT ON HIV SCALE-UP IN A GLOBAL RECESSION, June, 2009  
<http://aidsmap.com/cms1324435.pdf>

Nathan Ford, Edward Mills, and Alexandra Calmy,  
"RATIONING ANTIRETROVIRAL THERAPY IN AFRICA - TREATING TOO FEW, TOO LATE",  
New England Journal of Medicine, April 30, 2009  
<http://content.nejm.org/cgi/content/full/360/18/1808>

HEROES AND VILLAINS: TEACHERS IN THE EDUCATION RESPONSE TO HIV. [United Nations Educational , Scientific, and Cultural Organization]. February 25, 2009.  
[http://www.iiep.unesco.org/fileadmin/user\\_upload/Info\\_Services\\_Publications/pdf/2009/HIV\\_CLARKE.pdf](http://www.iiep.unesco.org/fileadmin/user_upload/Info_Services_Publications/pdf/2009/HIV_CLARKE.pdf)

MEN AND CARE IN THE CONTEXT OF HIV AND AIDS: STRUCTURE, POLITICAL WILL AND GREATER MALE INVOLVEMENT:  
<http://www.eldis.org/go/home&id=42906&type=Document>

CARING FROM WITHIN: KEY FINDINGS AND POLICY RECOMMENDATIONS ON HOME-BASED CARE IN ZIMBABWE:  
<http://www.eldis.org/go/home&id=42907&type=Document>

MIND THE GAP: HIV AND AIDS AND OLDER PEOPLE IN AFRICA:  
<http://www.eldis.org/go/home&id=42908&type=Document>

THE POLITICAL AND SOCIAL ECONOMY OF CARE IN A DEVELOPMENT CONTEXT:  
CONTEXTUAL ISSUES, RESEARCH QUESTIONS, AND POLICY OPTIONS:

<http://www.eldis.org/go/home&id=42964&type=Document>

HIV AIDS IN AFRICA: WHAT THE OBAMA ADMINISTRATION IS DOING (SECRETARY CLINTON'S HISTORIC TRIP TO AFRICA, AUGUST 2009): <http://www.america.gov/st/africa-english/2009/August/20090810155037kjinad0.8918268.html?CP.rss=true>

HIV AND AIDS IN PLACES OF DETENTION: A TOOLKIT FOR POLICYMAKERS, PROGRAM MANAGERS, PRISON OFFICERS AND HEALTH CARE PROVIDERS IN PRISON SETTINGS  
Authors: World Health Organization; UNAIDS Publisher: United Nations Office on Drugs and Crime, 2008 In many countries, the groups most vulnerable to HIV are also groups at increased risk of criminalization and incarceration, as many of the same social and economic conditions that increase vulnerability to HIV also increase vulnerability to imprisonment. This toolkit produced by the United Nations Office on Drugs and Crime focuses on HIV in prisons and aims to provide information and guidance primarily to individuals and institutions with responsibilities for prisons and prisoners, and to people who work in and with prisons. This toolkit is designed to assist countries in their efforts to mount an effective national response to HIV in prisons and to improve and, if necessary, reform their prison systems. It offers practical guidance on what measures countries need to take in the short term to prevent the spread of HIV (and other infections) among prisoners and to provide them with treatment, care and support. It also provides guidance on the reforms necessary in the medium and longer term to facilitate such measures. [www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43402&type=Document](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=43402&type=Document)

## **HIV AIDS IN NORTH AFRICA AND THE MIDDLE EAST: SPECIAL CONSIDERATIONS:**

### **HIV/AIDS TERMINOLOGY FOR USE IN THE MENA REGION:**

The Middle East and North Africa (MENA) region is experiencing one of the fastest growing AIDS epidemic rates in the world, yet stigma, denial and ignorance of HIV remain rampant. Language can shape public opinion, perception, attitudes and may influence behaviors. Given the intrinsic link between HIV and AIDS and moral and taboo issues, terminology that is used should be scientifically correct and non-judgmental. This guide provides a glossary of appropriate HIV/AIDS terminology in both English and Arabic for use in the Middle East and North Africa.

It is intended for all professionals who need to communicate on HIV and AIDS accurately between English and Arabic. The four sections include:

- definitions of terms in English alphabetical order covering most commonly used terminologies related to HIV and AIDS and its Arabic translation
- a reference to common mistakes and appropriate alternatives in tabular form
- a reference guide for translators of terms in English and their appropriate equivalent in Arabic
- a reference to English acronyms and their equivalents in Arabic.

Available online at: [www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41583&type=Document](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids&id=41583&type=Document)

## **MAPS AND GOOGLE MASH-UPS:**

GOOGLE MASH-UP MAP on WORLD HEALTH: HEALTH MAP: GLOBAL DISEASE OUTBREAK  
By meshing together different articles on disease outbreaks internationally with the world map, one can track these diseases in a visual way. <http://www.healthmap.org/en>

**WORLD AIDS DAY MAP** [Macromedia Flash Player]: <http://vis.creatify.com/>

A visually stimulating website plunges one into the AIDS pandemic and provides visual displays on how it has affected children throughout the developing world. Upon clicking each icon, visitors can then read short narratives about young people afflicted with AIDS. The site profiles the struggles faced by young people around the globe coping with the widespread effects of this disease.

## **FACTS AND STATISTICS:**

FAST FACTS ABOUT HIV/AIDS from UNAIDS:

<http://www.unaids.org/en/KnowledgeCentre/Resources/FastFacts/default.asp>

Learn More about HIV AIDS from USAID:

[http://www.usaid.gov/our\\_work/global\\_health/aids/News/hiv\\_fastfacts.pdf](http://www.usaid.gov/our_work/global_health/aids/News/hiv_fastfacts.pdf)

GLOBAL AIDS FACTS FROM THE KAISER FOUNDATION:

[http://www.globalhealthfacts.org/factsheets\\_custom.jsp](http://www.globalhealthfacts.org/factsheets_custom.jsp)

HIV DATA: <http://www.unaids.org/en/KnowledgeCentre/HIVData/>

Annual reports on global epidemic trends, "based on all available data, including surveys of pregnant women, population-based surveys, and other surveillance information."

Joint United Nations Program on HIV/AIDS (UNAIDS).

<http://www.unaids.org/en/KnowledgeCentre/HIVData/>

LIFE, HIV/AIDS, AND DEATH IN AFRICA. January 2009.

National Bureau of Economic Research, Working Paper 14637. This publication gives the latest estimates of HIV AIDS in Africa from multiple perspectives, using social science data and Gallup World Polling data. <http://www.nber.org/tmp/90720-w14637.pdf>

## **CHILDREN:**

AIDS ORPHANS: <http://www.worldaidsorphans.org/>

CHILDREN AND AIDS: THIRD STOCKTAKING REPORT:

[http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20081128\\_UNICEF\\_Report\\_children\\_AIDS.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20081128_UNICEF_Report_children_AIDS.asp)

RESOURCES ON CHILDREN AND YOUNG PEOPLE AFFLICTED BY HIV AIDS:

<http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/children-and-young-people>

RESOURCES ON ORPHANS AND VULNERABLE CHILDREN:

<https://cms.eldis.org/go/topics/resource-guides/hiv-and-aids/key-issues/orphans-and-vulnerable-children>

U.N. AIDS: CHILDREN AND ORPHANS:

<http://www.unaids.org/en/PolicyAndPractice/KeyPopulations/ChildAndOrphans/default.asp>

## **FUNDING:**

AIDS FUNDING FOR FEDERAL GOVERNMENT PROGRAMS: FY1981-FY2009  
<http://fpc.state.gov/documents/organization/104280.pdf>

## **HIV AIDS AND HUMAN RIGHTS ISSUES:**

HIV AND HUMAN RIGHTS

[www.eldis.org/go/topics/resource-guides/hiv-and-aids/citizenship-and-rights/human-rights](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/citizenship-and-rights/human-rights)

HIV/AIDS PORTAL – RIGHTS-BASED APPROACHES

<http://www.apositivelife.com/forasos/need-for-positive-prevention.html>  
[www.aidsportal.org/overlay\\_details.aspx?nex=117](http://www.aidsportal.org/overlay_details.aspx?nex=117)  
<http://www.parliament.the-stationery-office.co.uk/pa/cm200607/cmselect/cmintdev/46/46i.pdf>

UNAIDS REFERENCE GROUP ON HIV AND HUMAN RIGHTS:

[www.unaids.org/en/PolicyAndPractice/HumanRights/20070601\\_reference\\_group\\_HIV\\_human\\_rights.asp](http://www.unaids.org/en/PolicyAndPractice/HumanRights/20070601_reference_group_HIV_human_rights.asp)

UNAIDS HUMAN RIGHTS AND HIV

[www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp](http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp)

STATEMENT ON HUMAN RIGHTS AND UNIVERSAL ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT – UNAIDS REFERENCE GROUP ON HIV AND HUMAN RIGHTS

[data.unaids.org/pub/BaseDocument/2008/20080606\\_rghr\\_statement\\_universalaccess\\_en.pdf](http://data.unaids.org/pub/BaseDocument/2008/20080606_rghr_statement_universalaccess_en.pdf)

ELDIS – HIV AND HUMAN RIGHTS

[www.eldis.org/go/topics/resource-guides/hiv-and-aids/citizenship-and-rights/human-rights](http://www.eldis.org/go/topics/resource-guides/hiv-and-aids/citizenship-and-rights/human-rights)

UNAIDS REFERENCE GROUP ON HIV AND HUMAN RIGHTS

[www.unaids.org/en/PolicyAndPractice/HumanRights/20070601\\_reference\\_group\\_HIV\\_human\\_rights.asp](http://www.unaids.org/en/PolicyAndPractice/HumanRights/20070601_reference_group_HIV_human_rights.asp)

UNAIDS HUMAN RIGHTS AND HIV

[www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp](http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp)

## **WOMEN:**

HIV/AIDS AMONG WOMEN:

<http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>

"The HIV/AIDS epidemic represents a growing and persistent health threat to women in the United States, especially young women and women of color." This fact sheet provides statistics (diagnoses, deaths, by race/ethnicity) and information about risk factors and prevention. From the Centers for Disease Control and Prevention (CDC).

INTERNATIONAL TREATMENT PREPAREDNESS COALITION, "FAILING WOMEN, FAILING CHILDREN: HIV, VERTICAL TRANSMISSION AND WOMEN'S HEALTH", May 2009 <http://www.aidstreatmentaccess.org>



WALKING THE TALK: PUTTING WOMEN'S RIGHTS AT THE HEART OF THE HIV AND AIDS RESPONSE : <http://www.eldis.org/go/home&id=34998&type=Document>

REDUCING THE BURDEN OF HIV & AIDS CARE ON WOMEN AND GIRLS:  
<http://www.eldis.org/go/home&id=42965&type=Document>

CONTINUING CARE FOR MOTHERS, CHILDREN AND FAMILIES FOLLOWING PREVENTION OF MOTHER-TO-CHILD-TRANSMISSION OF HIV:  
<http://www.eldis.org/go/home&id=42552&type=Document>

## **RESOURCES AND PUBLICATIONS:**

AIDS RESOURCES:  
<http://www.unaids.org/en/KnowledgeCentre/Resources/Publications/>

## **VIDEOS ON HIV/AIDS: EDUCATIONAL AND DOCUMENTARY VIDEOS: all free, but does require registration.**

**FROM PBS:** The Age of AIDS: <http://www.pbs.org/wgbh/pages/frontline/aids/>  
Companion website to a Public Broadcasting Service (PBS) Frontline program on the 25th anniversary of the first diagnosed cases of AIDS. Features essays on topics such as the human immunodeficiency virus (HIV), potential for an AIDS vaccine, needle-exchange programs, testing, and prevention. Also includes an interactive timeline, interviews, maps, historical speeches and letters, video clips, and links to related websites.

**FROM ANNENBERG MEDIA at** [www.learner.org](http://www.learner.org)

World AIDS Day (December 1)  
Find a map showing AIDS rates in Africa in the year 2000  
<[http://www.learner.org/courses/envsci/visual/visual.php?shortname=adult\\_hiv](http://www.learner.org/courses/envsci/visual/visual.php?shortname=adult_hiv)>  
Click on the link to the online textbook for more information on global population issues.

Learn the biology of the virus with Rediscovering Biology: Molecular to Global Perspectives, Unit 6  
<<http://www.learner.org/courses/biology/units/hiv/index.html>>  
Online Textbook HIV and AIDS at:  
<http://www.learner.org/courses/biology/textbook/hiv/index.html>

Also see the case study, "The Genetics of Resistance to HIV Infection"  
<<http://www.learner.org/courses/biology/casestudy/hiv.html>>.

"Health, Mind, and Behavior"  
<<http://www.learner.org/discoveringpsychology/23/e23expand.html>>,  
Program 23 of Discovering Psychology: Updated Edition, considers the role of psychology in helping to shape public perceptions about engaging in risky behaviors, as well as in promoting positive health outcomes for those with a positive diagnosis.

Also, see "Health, Mind, and Behavior,"  
<http://www.learner.org/discoveringpsychology/23/e23expand.html> Program 23 of Discovering Psychology: Updated Edition, examines psychological and social factors in the transmission of HIV and its progression to full-blown AIDS.

The human impact of the AIDS epidemic in Kenya and other African



countries is explored in "Strength to Overcome"  
<<http://www.learner.org/powerofplace/page19.html>>, Program 19 of The Power of Place: Geography for the 21st Century.

Teaching Geography Workshop 5  
<<http://www.learner.org/workshops/geography/wkp5intr.html>> shows ways of approaching the subject of AIDS in Sub-Saharan Africa in the classroom.

A **downloadable lesson plan** is available in Word or PDF format and are available at:  
<http://www.learner.org/workshops/geography/wkp5less.html>

**The HIV AIDS Lesson Plans in MS WORD** are available at:  
<http://www.learner.org/workshops/geography/wkp5less.html>

A Medical doctor talks about facing the possibility of his own death after contracting AIDS in "Death: A Personal Understanding" <<http://www.learner.org/resources/series108.html>> Program 3, "Facing Mortality." Program 8, "Grief and Bereavement," features a 15-year-old girl who has lost her mother -- and could lose her father and brother -- to AIDS.

For a discussion of the impact of HIV/AIDS on Africa, read this interview  
<http://www.learner.org/courses/biology/units/hiv/experts/garrett.html>  
with Laurie Garrett, author of the books The Coming Plague: Newly Emerging Diseases in a World Out of Balance and Betrayal of Trust: The Collapse of Global Public Health. Finally, see Unit 3 of the online textbook for a discussion of HIV and phylogenetics.

## **MALARIA:**

U.S. Response to the Global Threat of Malaria: Basic Facts. Congressional Research Service, February 22, 2011 <http://www.fas.org/sqp/crs/misc/R41644.pdf>

U.S. Response to the Global Threat of Tuberculosis: Basic Facts. Congressional Research Service, February 22, 2011 <http://www.fas.org/sqp/crs/misc/R41643.pdf>

**Public-private mix for TB care and control: a toolkit** Produced by: World Health Organization (2010) In order to meet the global TB control targets, the Stop TB Strategy of the World Health Organization (WHO) recommends systematic engagement of all care providers in TB care and control through public-private mix (PPM) approaches. This toolkit attempts to address the need and demand for more specific guidance to National Tuberculosis Control Programs (NTPs) on working with diverse care providers based on country experiences. It is expected to help NTPs engage non-NTP care providers to deliver services in line with national guidelines based on International Standards for Tuberculosis Care.

The toolkit consists of 14 tools. The first seven tools outline basic aspects of implementation, while the remaining seven tools address engagement of specific types of care providers. Toolkit includes **Operational guidelines:** describes the process of developing country-specific operational guidelines on PPM, taking into consideration the tasks diverse care providers can undertake in a country setting; **International Standards for Tuberculosis care:** presents an overview of the International Standards for TB Care (ISTC) as a yardstick of quality of comprehensive TB case management that all care providers must adhere to and **Engaging nongovernmental organizations:** elaborates on the different roles nongovernmental organizations can play in TB care and control and outline steps for their engagement.  
<http://www.eldis.org/cf/rdr/?doc=57712>

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### **Case management of severe malaria - a forgotten practice: experiences from health facilities in Uganda**

Produced by: PLoS ONE (2011)

This journal article describes a study which highlights the serious challenges faced in the management of severe malaria in a resource limited setting like Uganda. The study was conducted to evaluate the management practices for severe malaria in Ugandan health facilities, using instruments adapted from the WHO hospital care assessment tools. The study was based on a cross sectional survey, using multi-stage sampling methods, of health facilities in 11 districts in the eastern and mid-western parts of Uganda. Between June and August 2009, 105 health facilities were surveyed and 181 health workers and 868 patients/caretakers interviewed.

<http://lyris.ids.ac.uk/t/2710452/653039/2770/0/> and <http://www.eldis.org/cf/rdr/?doc=57977>

### **MALARIA CONTROL MANUAL**

Produced by: Oxfam (2008) This manual provides guidance to public health promoters, water and sanitation engineers, project co-ordinators and managers who are involved in initiating a malaria control projects in humanitarian situations. It highlights why it is important to get involved in malaria control, explains what malaria and malaria control are, as well as Oxfam's experience in malaria control.

It recommends that early diagnosis, treatment and community education are the basic responses that should be included in all malaria control programmes. The manual explains that the WHO Roll Back Malaria programme is concerned that programmes endeavour to monitor the methods they use to inform future interventions. It therefore recommends looking at Parasite Prevalence, Case Control Studies, and qualitative Data. In terms of intervention the publication argues that malaria control is a specialist activity that should be coordinated through the general health services and that agencies must ensure that they collaborate with these health agencies if they intend to become involved in malaria control. It also describes Oxfam Malaria Control Strategy.

<http://lyris.ids.ac.uk/t/2710452/653039/2771/0/>  
<http://www.eldis.org/cf/rdr/?doc=57976>

**WORLD MALARIA REPORT 2008.** [World Health Organization, United Nations]. Web posted September 26, 2008. <http://www.who.int/malaria/wmr2008/malaria2008.pdf>

### **THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA: PROGRESS REPORT AND ISSUES FOR CONGRESS:**

<http://fpc.state.gov/documents/organization/104718.pdf>

### **GLOBAL MALARIA PROGRAM:**

World Health Organization: Global Malaria Program: <http://www.who.int/malaria/> The World Health Organization (WHO) created the Global Malaria Program to craft malaria policy and strategy formulation, along with creating guidelines for malaria prevention and control across the world. On their homepage, visitors can learn about their work through their annual reports and their specific prevention efforts targeted towards pregnant woman and infants. A good way to get started on the site is by looking at the list of themes on the left-hand side of the homepage. One area that's worth perusing is the "Diagnosis and Treatment". Here visitors can learn about the most effective way to treat malaria and how the disease can be managed over time.

**RELATED RESOURCES** may be found at this ongoing WIKI:

<http://tinyurl.com/6dfaxn>

### **WEBCHATS SPONSORED BY THE STATE DEPARTMENT:**

Example of a recent WEBCHAT on this topic:

Dr. Amita Gupta Discusses HIV/AIDS Epidemic

Join similar webchats by going to: <http://www.america.gov/multimedia/askamerica.html>  
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(Ask America webchat transcript, December 1) (2387)

Dr. Amita Gupta, deputy director of the Johns Hopkins University Center for Clinical Global Health Education, answered questions about HIV/AIDS in an Ask America webchat on December 1, World AIDS Day.

Following is the transcript:

(begin transcript)

U.S. DEPARTMENT OF STATE

Bureau of International Information Programs Ask America Webchat Transcript

Guest: Dr. Amita Gupta  
Date: December 1, 2008  
Time: 8 a.m. EST (1300 GMT)

World AIDS Day

Webchat Moderator (Kristin): Thanks for joining us today! We will start our program with Dr. Gupta in about 10 minutes.

Dr. Amita Gupta, is an Assistant Professor of Infectious Diseases at JHU School of Medicine and the Deputy Director of the Johns Hopkins University (JHU) Center for Clinical Global Health Education, which focuses on HIV clinical education using web-based and computer-assisted learning modalities. She has been a HIV clinician, educator and researcher for the past decade. Dr. Gupta research interests focus on HIV prevention, care and treatment in adults and children living in low-income settings. She is an active scientific investigator in the NIH-funded HIV Prevention Trials Network (HPTN), AIDS Clinical Trials Group (ACTG) and the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) focused on multi-country HIV prevention and treatment clinical trials in low- and middle-income countries.

Webchat Moderator (Kristin): Welcome! Thank you for joining us today, World AIDS Day. We are joined by Dr. Amita Gupta and she will now begin answering your questions.

Question [moussasy]: how many people affected in the world by HIV/AIDS?

Answer [Amita Gupta]: The UNAIDS estimates that approximately 33 million are infected with HIV with the greatest number are living in Sub-Saharan Africa.

Comment [Abidjan]: hello

Comment [rouamba 3]: hello

Q [AidsDay]: How do you assess the PEPFAR initiative? Will this continue with the new US president?

A [Amita Gupta]: The PEPFAR initiative is the largest program dedicated to fighting HIV in the world. The US government in PEPFAR 1 committed 15 billion US dollars and now the Congress has increased that to 48 billion US dollars for the next five years. More than 2 million people are being treated through PEPFAR in over 15 countries are supported by

the PEPFAR program. This represents a massive scaling up of prevention, care and treatment for HIV/AIDS

Webchat Moderator (Kristin): We are joined today by a group of students in Abidjan! Thanks for being here. Please go ahead and ask Dr. Gupta a question by camera. Audience - please turn on your speakers!

Comment [Amita Gupta]: Just to correct the UNAIDS estimates of HIV infection globally: it is 33 million persons with 67% living in sub-Saharan Africa

Q [Abidjan IRC (Webcam)]: what are the different programmes set up to help people prevent the HIV virus in poor countries?

A [Amita Gupta]: Several types of HIV prevention programs in low-income countries exist. They include intensive HIV education counseling programs which include discussion about Abstinence, Behavior change counseling, encouraging use of condoms. There is also prevention of mother-to-child transmission by testing every pregnant women for HIV and providing interventions to prevent HIV transmission to the infant.

Recent studies have shown that male circumcision when done safely for HIV uninfected men can reduce HIV acquisition so programs now are beginning to develop programs that offer circumcision. Other prevention strategies such as vaccine and pre-exposure prophylaxis with antiretrovirals continue to be researched. The recent studies to find an effective HIV vaccine have unfortunately shown disappointing results

Webchat Moderator (Kristin): While we wait for Abidjan's camera and mic to work, we will continue with Q&A by text.

Q [Sophie: Sophie Kyosiimirwe from Kampala. The world is marking the World AIDS today. What are the major achievements so far in fighting the HIV/AIDS pandemic?

A [Amita Gupta]: Thanks Sophie for your question. There have been several major achievements to date in fighting the HIV/AIDS pandemic. They include the discovery and implementation of rapid HIV testing and counseling so more people can be safely and correctly identified as having HIV and therefore can be referred for care and treatment.

There has been the rapid discovery of several drugs, antiretrovirals, that when used in appropriate combinations can treat HIV and dramatically reduce the risk of death and improve the quality of life so much so that many people now are living and working as they did before having HIV with the exception that they have to take medicine and see the health care provider frequently.

Prevention of mother to child transmission has also been a major breakthrough. The main challenge is now getting it scaled up. In the US there is <1% of HIV transmission from mother to child and now to see a child become infected with HIV is very, very rare. This is not the case yet in low-income settings

Webchat Moderator (Kristin): For all of those who are just joining us, we are asking our questions to Dr. Amita Gupta. Our friends at the Abidjan IRC are joining us by Webcam.

Q [diallo cherif]: IS abstinence from having sex an effective weapon in fighting the spread of aids

Q [Abidjan IRC (Webcam)]: Talking about the use of the condoms, is it possible to trust 100% this method nowadays?

Q [Abidjan IRC (Webcam)]: is there any other best way of preventing oneself against AIDS apart from Abstinence?

Q [Abidjan]: do you think that abstinence is the best way to go against aids

A [Amita Gupta]: Effective HIV prevention is best if several methods are employed.

For example, solely focusing on abstinence as the only HIV prevention strategy would not be effective. It is important to provide prevention messages that are targeted to the audience. For example adolescents who have not yet become sexually active may be encouraged to learn about HIV risk, understand the importance of HIV risk from unprotected sex and be encouraged to delay early onset of sexual activity. If they do become sexually active then using methods such as proper condom use and communicating with their sexual partner are important.

Condoms, while not 100% effective (because they can break or slip off), are nevertheless a highly effective method if they are used correctly and consistently.

The other issue with condoms (talking about male condoms) is that they rely on men being willing to use them. There are female condoms but they have been less available and used to date.

Q [Thula 2]: Hi, My name is Thula working at the Information Resource Center of the U.S. Consulate in Durban, South Africa. I would like to know if starting ARV treatment when your CD4 count is still as high as 400 has any advantage compared to a person who wait for it to be below 200. I am asking this people because some people are very scared to start treatment and they wait until it is too late. Some believe that starting treatment early can also affect you since there are so many side effects that are associated with taking ARV treatment.

Q [Ahmed]: I have read some reports from some medical people, challenging the use of ARV's what is your take?

A [Amita Gupta]: Thanks Thula for your excellent question. There are now increasing data from clinical studies that are showing the benefits of starting HAART at higher CD4 counts and not waiting until the CD4 count is very low especially since the ARV treatment has become more tolerable and easier to take with fewer pills.

There is likely to be some shifts to encouraging people with HIV to get started on ARV with higher CD4 counts. Of course cost of ARVs, monitoring for side effects and response to treatment and ensuring adherence will continue to be critical.

Starting ARVs at higher CD4 counts prevents the immune system from getting too weak so that serious infections and wasting can be more readily prevented. It is also likely to reduce the risk of tuberculosis which is a very important cause of morbidity and mortality in HIV-infected persons and can occur at any CD4 count.

Q [Abidjan]: given the fact that arv treatment is so long, don't you think that there are some risk of cancer

A [Amita Gupta]: Once the decision to take ARVs is made, you are correct that based on current science the person must take it for the rest of their life. There are some long term effects of ARVS and they depend on the individual drug or the class of the drugs. For example, patients on long-term stavudine (d4T) treatment have risk of neuropathy in their legs and hands, as well as risk for body shape changes, developing diabetes. Protease inhibitors have been associated with diabetes and high cholesterol.

However it is important to realize that the benefits of ARVs almost in all scenarios outweigh the risks. With ARVs, HIV has become a chronic illness that we manage like heart disease.

Q [Abidjan IRC]: to tell the truth many people fear having their hiv test because in developing countries an HIV positive is seen as the devil itself. What are the actions which have been undertaken to fight against discrimination?

A [Amita Gupta]: Stigma and discrimination remain a major barrier to fighting HIV/AIDS in the world. It is, as you correctly point out, a major reason why people do not get HIV tested or treated.

Programs are focused on raising awareness for example showing the country leaders getting tested or having HIV positive persons speak in public about their experience are some ways. It is critical to continue talking about HIV openly and honestly so that it will no longer be a disease that people fear and discriminated over.

Comment [elhadj gassimou bah]: the African people has to take a precaution in this hiv/aids

Webchat Moderator (Kristin): Thanks for your comment, elhadj gassimou bah. World AIDS Day is meant to raise awareness of AIDS infection and prevention.

Q [kambo alex stephane 2]: Before somebody done his HIV test and know that he has AIDS how is there some signs which can lead him to have an idea about his health concerning AIDS of course

A [Amita Gupta]: Because many people have no symptoms when they have HIV, several programs are encouraging health programs to offer testing to everyone just like any routine health screening test such as checking if you are anemic or you have high blood pressure.

However important signs and symptoms to look for are involuntary weight loss, chronic cough, fevers, chronic diarrhea, altered mental status. Such symptoms raise the possibility that someone may have HIV and therefore they should be encouraged to get the HIV test.

Q [Abidjan IRC]: are there many infected people in america?

A [Amita Gupta]: The US has an estimated 1 million persons infected with HIV and each year approximately 40,000 persons become infected. This last year however a new study and method of estimating HIV came out and the annual estimate for new HIV infections is now at 56,000

Q [Abidjan IRC]: is there any hope for someone living with HIV at the moment to be cured effectively with aids medicine?

Q [Abidjan]: can we really find a cure against aids?

Q [angoran 2]: I saw on TV that in an Asiatic country, people found the HIV vaccine but it was not official. Can you tell me if it is true?

Webchat Moderator (Kristin): Dr. Gupta will answer the questions concerning AIDS vaccines/medicine in just a moment.

A [Amita Gupta]: we currently do not have any way of curing HIV with ARVs but proper use of the medicine can help to make HIV a manageable illness. There is tremendous

research and interest in finding ways to prevent HIV with use of microbicides, vaccines and other strategies but we still have a long way to go

There was recently a scientific report that got some attention where a man who had leukemia in Germany and received a bone marrow transplant and after the transplant it was thought he may have had his infection cleared. However this report has to be confirmed. Nevertheless this not going to be a strategy that will work for the million of people at risk or already infected with HIV

So we must continue to use the prevention and treatment strategies that work currently and continue our research efforts into understanding the HIV virus better so we can develop a vaccine or a microbicide for example.

Q [doubouya]: what could you advise for the new generation to prevent aids

Q [aya]: do you think that young people are aware about the reality of aids and the negative impacts of it on their life

A [Amita Gupta]: First be aware, be informed, and be engaged about HIV/AIDS. There are so many ways to contribute in a meaningful way both for yourself and for your communities. The youth of today are our hope for tomorrow. I am optimistic that young people today are going to be better informed and equipped to fight HIV/AIDS. We need to ensure that they are provided the opportunities to access reliable sources of information and can get involved in the fight early.

Amita Gupta: Thanks to everyone who participated!! This is global communication and interaction in action! Take care everyone.

Webchat Moderator (Kristin): To learn more about the global AIDS epidemic, please see UNAIDS 2008 Report:

<http://www.unaids.org:80/en/KnowledgeCentre/HIVData/GlobalReport/2008/> ( <http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/> )

Webchat Moderator (Kristin): Thank you so much for joining us on World AIDS Day, Dr. Gupta. And thanks to all of the participants of today's chat. We hope that you will continue to check <http://www.america.gov/multimedia/askamerica.html> for more information on upcoming programs like this one. A special thanks goes out to IRC Abidjan!

Webchat Moderator (Kristin): We will have a transcript of this chat available online within two business days. Please check our webpage:

<http://www.america.gov/multimedia/askamerica.html> Please also join our group on Facebook! Go to <http://co-nx.state.gov> ( <http://co-nx.state.gov/> )

On our Facebook page you can give us feedback and let us know what programs you'd like to see.

Comment [Abidjan IRC]: it was really rich

Comment [Abidjan IRC]: thank you

Comment [doubouya]: the best means to go against aids

Comment [Diallo Boubacar]: thanks for your information Dr. Gupta



Webchat Moderator (Kristin): This chat is now closed. Guests are chosen for their expertise. The views expressed by guests are their own and do not necessarily reflect those of the U.S. Department of State.

(end transcript) (Distributed by the Bureau of International Information Programs, U.S. Department of State. Web site: <http://www.america.gov>)

## **AIDS CONFERENCE 2010 Calls for Resources, Ends with Strong Science Findings**

(United States to host the 2012 International AIDS Conference)

By Cheryl Pellerin, Science Writer

Washington, DC

Universal access to treatment, progress in scientific understanding of the human immunodeficiency virus (HIV) and the importance of human rights in responding to the disease highlighted the 18th International AIDS Conference.

Nearly 20,000 attendees from 193 countries included scientists; health care providers; political, community and business leaders; government, nongovernmental and multilateral organization representatives; and people living with HIV/AIDS. They met in Vienna July 18-23 for the annual gathering. Nearly 250 sessions covered science, community and leadership.

"International governments say we face a crisis of resources, but that is simply not true. The challenge is not finding money but changing priorities," AIDS 2010 ( <http://www.aids2010.org/> ) Chairman Dr. Julio Montaner, president of the International AIDS Society, said on the final day of the conference. "When there is a Wall Street emergency or an energy crisis, billions upon billions of dollars are quickly mobilized. People's health deserves a similar financial response and much higher priority."

Also on the last day, President Obama and Secretary of State Hillary Rodham Clinton sent video messages to attendees in Vienna.

"Ending this pandemic won't be easy and it won't happen overnight. But thanks to you we've come a long way and the United States is committed to continuing that progress," said Obama, who on July 13 released a National HIV/AIDS Strategy ( <http://www.america.gov/st/scitech-english/2010/July/20100714162226dmslahrellek8.342922e-03.html> ) that seeks to reduce the number of new infections in high-risk groups and increase access to care in the United States.

"Together we have mounted one of the greatest public health responses in history," Clinton said. "Through your tireless efforts we have begun to halt and reverse the epidemic, and millions of lives have been saved."

The United States, working through the President's Emergency Plan for AIDS Relief ( <http://www.pepfar.gov/> ) and the Global Fund to Fight AIDS, Tuberculosis and Malaria ( <http://www.theglobalfund.org/en/> ), is the largest contributor to global AIDS programs.

## **VIENNA DECLARATION**

In 2008, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS ( <http://www.unaids.org/en/default.asp> )), 33.4 million people were living with HIV, up from 29 million in 2001. New HIV infections are believed to have peaked in the late

1990s and declined between 2001 and 2008, from 3.2 million to 2.7 million, even though there were more than 7,400 new HIV infections a day in 2008.

Most new infections are transmitted heterosexually, but risk factors vary. In some countries, men who have sex with men, injecting drug users and sex workers are at high risk for HIV infection.

By July 26, nearly 14,000 people had signed the Vienna Declaration ( <http://www.viennadeclaration.com/index.html> ). This official declaration of the conference seeks to improve community health and safety by calling for more rational and scientifically sound drug policies to strengthen HIV prevention among people who use drugs. Conference organizers characterized as a "disconnect" the gap between current knowledge and access to HIV prevention and treatment services for those who use injected drugs in Eastern Europe and Central Asia.

"Though injecting practices fuel the region's epidemic, access to scientifically sound strategies, including needle and syringe exchange programs and opioid substitution therapy, are scarce and even illegal in many locations, including Russia," according to the official conference press release

## **HIV SCIENCE**

Scientists around the world reported progress in several areas. A microbicide gel ( <http://www.america.gov/st/scitech-english/2010/July/20100723162818lcniirellep0.2260858.html> ) containing an anti-retroviral drug was shown to be modestly effective in reducing the risk of infection by the HIV virus in a clinical trial of women volunteers in Durban, South Africa. Another trial already in progress and others that will be conducted to improve the product's effectiveness could move the product toward availability within several years, scientists said.

Several research laboratories, including that of Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases ( <http://www.niaid.nih.gov/Pages/default.aspx> ) (NIAID) at the U.S. National Institutes of Health, reported findings about the earliest stages of HIV infection. HIV targets CD4 cells, a type of white blood cell.

"[Fauci's] lab has identified a specific type of CD4 cell that's especially vulnerable to the first infection, and then several other groups today talked about similar findings of that first cell and what it looks like," Jon Cohen, a reporter for Science magazine who is providing coverage of the meeting for the Kaiser Family Foundation ( <http://www.kff.org/> ), said in a July 22 interview.

"They all found slightly different things and some overlapped, but the basic idea could really influence future development of vaccines" and possibly a cure, he said.

"If it's the first cell that gets infected, what if a vaccine could make an immune response that's targeted to protecting that cell? And the cure idea is simply, if that cell is particularly vulnerable, there's going to be more HIV in it, what if you could wipe out those cells?" Such basic research could take many years to yield a new vaccine or drug.

Principal investigators of a clinical trial called the Cambodian Early Versus Late Introduction of Antiretroviral Drugs (CAMELIA ( <http://www.nih.gov/news/health/jul2010/niaid-22.htm> )) announced that it is possible to extend the survival of untreated HIV-infected adults with very weak immune systems and newly diagnosed tuberculosis (TB) by starting anti-HIV therapy two weeks after beginning TB treatment, rather than waiting the standard eight weeks.

The study, co-funded by NIAID and the French National Agency for Research on AIDS and Viral Hepatitis, was launched in January 2006 at five sites in Cambodia, a country with a high prevalence of TB and HIV.

*(This is a product of the Bureau of International Information Programs, U.S. Department of State. Web site: <http://www.america.gov>)*