



Track D: Social, Behavioral, Economic Science

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Contributions

- There are many hidden epidemics affecting marginalized and excluded groups, eg people in prisons, indigenous peoples.
- Mobile populations – migrants, refugees, internally displaced persons – have their own risks & vulnerabilities.



Contributions

- Gender inequities make ABC (abstinence-being faithful-condoms) difficult to implement.
- Antiretroviral treatment can be implemented in resource-poor settings, with high adherence.



Contributions

- Patents, multinational drug monopolies, TRIPs and FTAs keep ART beyond the reach of the majority of PLHA.



Contributions

- ART is cost-effective. Modeling studies show, too, that proposed interventions such as male circumcision and post-exposure prophylaxis may be cost-effective as well.



Knowledge gaps

- There is still a tendency to homogenize groups (eg MSM, young adults), leading to “one size fits all” programs.
- Sexual cultures remain largely unexplored, including meanings, intentions, partnering.



Knowledge gaps

- The macro-contexts of sexual cultures, including risk-taking & risk-avoidance, also remain largely unexplored.
- There is almost nothing on the historical contexts of HIV/AIDS.



Tools & methodologies



- Cross-sectional surveys, modeling, cost effective analysis are useful, but can also deteriorate into disembodied empiricism.
- AIDS research generates creative methodologies, from coital diaries to participatory mapping. These methods yield valuable information that cannot be obtained through surveys.

Context for the future



- New prevention technologies
- Advances in ART
- Scaling up



Asking the right questions

- What are the origins of homophobia and other forms of discrimination that amplify HIV risk?
- What forms of fundamentalism threaten the advances in HIV prevention and care?

Asking the right questions



- How will we be tackling the growing demand for ART, including 2nd line therapies, given the constraints of political economy?

Asking the right questions



- What frames are we using for our research agenda? (for example, in the female condom, vaginal microbicides and male circumcision)



Future directions

- Future AIDS research needs to be proactive, generating the evidence needed for advocacy and program planning.
- The research agenda needs to be crafted with civil society, with PLHA, with a priority of drawing out the lived experiences of people.





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