Half of all people living with HIV/AIDS worldwide are female and in sub-Saharan Africa it is far more than half, especially among those aged 15–24. Women living with or widowed by HIV/AIDS are commonly spurned by their families, beaten, lose their property, forced to marry a brother-in-law or cast out of their communities. They are the caretakers in the household and held solely responsible for getting pregnant and protecting the babies they bear. Girls' and women's vulnerability to HIV is fuelled by endemic sexual coercion and violence; early and forced marriage to much older men; and lack of access to HIV information, sexuality education and reproductive health services.

Over a period of six years, WHO’s Department of Gender, Women and Health invested in field tests in five countries and painstaking reviews by diverse practitioners to produce this manual. As a result, HIV/AIDS programme managers and service providers now have a jargon-free guide, focused on action, with enough information on inequalities between women and men to persuade readers to act. Four sections for health-care providers focus on selected services that are not addressed in the other 187 resources listed in the excellent reference section: HIV testing and counselling, prevention of mother-to-child transmission, HIV treatment and care, and home-based care and support. An opening section explains the role that gender inequalities play in women’s vulnerability to HIV, in limiting women’s access to and effective utilization of HIV/AIDS services, and the steps required to deliver and monitor programmes that will reduce these problems.

Each section of the manual, even the preface, is a gem, a terrific exposition of the investments that should be, but rarely are, made to produce a user-friendly tool. Although the authors suggest that the first section, on gender equality concepts, is most suitable for programme managers, service providers would also benefit from this clear and succinct clarification of “core” concepts. Each of the four service sections has examples of how to address the particular barriers, fears and challenges that women clients and patients are likely to face: at home, in the community and from health services. Examples from real life and materials from programmes provide additional energy to the already clear language and succinct presentations.

Two of the best parts of the manual are annexes but no reader should miss these. Each is constructed as a checklist for managers and service providers, respectively, to assess their progress. These lists are an additional way of presenting and reinforcing the actions needed, broken into useful subactions and presented in sequence.

Sprinkled throughout the manual are special jewels, such as a clear and compelling list of reproductive rights interpreted for the HIV/AIDS context. There are also several pages on violence against women, its relationship to HIV exposure, its role in deterring effective HIV prevention, testing, disclosure and treatment, and examples of interventions specific to the health sector. This is also a compelling role-play for negotiating safer sex.

Annex 3 invites users of the manual to submit suggestions for the expected revision of the manual in five years. This reviewer has a few suggestions, without which HIV/AIDS will persist, especially for girls and women. First, each section needs action steps to assist readers to integrate into their work ways to help women cope with stigma and discrimination outside the health system. Second, each section should emphasize supervision and other means to hold managers and providers accountable for improved performance. Third, the section on prevention of mother-to-child transmission does not include treatment for the woman herself. The reference in the treatment section is brief and phrased in negative terms rather than with the strong affirmation it deserves. Further, while addressing family planning, this section does not address women’s need and right to access safe, legal abortion should they want it. Fourth, references are inadequate on the importance of identifying and providing the comprehensive services women need, and to “linkages” between sexual and reproductive health services and HIV/AIDS programmes. All women need comprehensive reproductive health services. This has been agreed many times by governments since 1994 to include, at a minimum: family planning, safe abortion where legal, maternity care and diagnosis and treatment of sexually transmitted infections including HIV. Especially for women and young people, a paradigm shift is needed in HIV/AIDS programming to address HIV as a sexual and reproductive rights and health concern, including the services listed above as well as comprehensive sexuality education.

This manual should be widely introduced, not simply disseminated, by WHO and all others engaged in the delivery and funding of HIV/AIDS services in the health sector.

Review by Adrienne Germain*

Health and development: toward a matrix approach

Editors: Anna Gatti & Andrea Boggio
Publisher: Palgrave Macmillan, Basingstoke, 2008
ISBN: 9781403947376; hardcover; 296 pages; £50.00

Interest in global health, the relationship between health and economic development, and the impact of globalization upon both of these, has risen rapidly up international and national agendas in recent years. This expansion of interest has both formal expression, such as the Millennium Development Goals, the Commission on Macroeconomics and Health, and the Framework Convention on Tobacco Control, and

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more informal expressions, through
corresponds and negotiations focusing
upon pandemic influenza, the role of
the food industry in nutrition-related
chronic disease and the role of pa-

tent protection in access to essential
medicines. These, and many other in-
stances, serve to demonstrate that there
is no such thing as national health or
a national health system; in today’s
world, all health is global health.

This has led to a welcome con-
comitant increase in funding allo-
cated to global health, both through
traditional aid routes and increasingly
through new initiatives, most notable
perhaps being the Global Fund to
Fight AIDS, Tuberculosis and Malaria.
However, this increase has not been
universally applauded and there have
been criticisms, mostly focused upon
the reinforcement of the “vertical
approach, emphasizing a disease-
specific approach to securing health
improvement. This has come at a time
when many in the international health
community were feeling that there had
finally been a breakthrough in securing
recognition that health improvement
can only be achieved through strength-
ening of health systems more generally;
the so called “horizontal” approach.
More recently a consensus may be
emerging that both approaches have
strengths and weaknesses, and that
synergies may be capitalized upon if
both are pursued in tandem; simulta-
aneously strengthening the health sys-
tem while focusing upon those diseases
that are the major burden to a country.

It is this tandem, or “diagonal”,
approach that Anna Gatti & Andrea
Boggio emphasize in this book. In
their introduction they emphasize this
perspective and outline a matrix that
seeks to combine both vertical and
horizontal aspects to aid resource al-
location. This is a novel and potentially
illuminating means of categorizing in-
terventions. The remainder of the book
then comprises four sections written
by a wide variety of authors internal
and external to WHO. Part 1, on the

global health arena, considers espe-
cially the role of WHO in global health.
Part 2, on health and development
looks in more detail at various perspec-
tives on global health and develop-
ment, including those of evolution,
economics, law and ethics. Part 3, on
global health and vulnerability, focuses
on the experiences of the elderly, chil-
dren and women. Part 4 considers the
interrelation between specific disease
and development, then shifts the focus
to specific diseases of chronic illness,
malaria, HIV/AIDS and tuberculosis.
In the main, the book is relatively
neutral in its presentation, provides a
good deal of evidence – some of it new –
and is authored by those with a good
knowledge of their subjects. Certainly
some of the perspectives by those
working in or with international orga-
nizations provides interesting insights
at times. The book is pervaded by the
emphasis on building systems and ca-
pacities, rather than new technological
discoveries, as the key to future health
improvement. It is likely that readers
interested in global health will find
much that appeals and informs, and it
is certainly a welcome addition to my
bookshelf.

I read the book over a period of
several weeks’ travelling, something
many readers may do, and the edited
nature of the book lends itself very
well to this style of reading as each
chapter stands alone. However, once I
had finished the final chapter, I found
myself somewhat disappointed that
there was no final section or chapter
to turn to that deals with the perfor-
mance of the matrix approach that
was introduced at the beginning of the
book. The book begins with the au-
thors “propos[ing] a matrix as a tactical
tool to be used to define optimal al-
location of (scarce) resources” (p.xxiii).
However, it is not made clear how the
various chapters link to this, or how
the analyses are informed by it, and
the chapters themselves do not tend
to make reference to this matrix. It is
therefore disappointing to get to the
end and find that there is no chapter
to bring the book full circle and reflect
upon the material in these chapters
from this matrix perspective, or to
offer a summary of the research and
policy agenda’s arising from them. This
lack of emphasis on the matrix makes
one wonder at the appropriateness of
the subtitle of the book as, apart from
a brief discussion in the introduction,
the matrix approach does not appear
and the book then becomes another
collection – albeit an interesting col-
lection – of papers with some specific
views and opinions on globalization,
health and development.

A further feature to bear in mind
is that 12 of the 16 authors are current
or ex-WHO staff and this is reflected
in an often uncritical reflection upon
the role and activities of WHO
(perhaps the best example being the
discussion in chapter 2). Although
there have clearly been considerable
successes achieved by the Organization
over the past 60 years, this uncriti-
cal reflection of its role in the current
global environment is a weakness, as
there is considerable debate – internal
and external to WHO – about the role
the Organization will play in the next
60 years; for example vis-à-vis other
international organizations, such as the
World Trade Organization, concerning
issues of trade and health. This empha-
sis of the role WHO does and should
play seems critical to any discussion of
the links between health and develop-
ment.

In summary, this is a useful and
accessible book that offers much
benefit for those interested in global
health. This is especially true of those
who are active in the field in research
and policy but it may also be of some
value to graduate students, probably
as an optional reading or reading of
selective chapters. I only wish that
the editors had taken that final step
to conclude with something more on
their proposed matrix!

review by Richard Smith* 

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