

# 1 Sustainability of HIV/AIDS Care & Support Programmes

2 Mr. Berhanu Abebe<sup>1</sup>

3 <sup>1</sup> Hawassa University and Addis Continental Institute of Public Health

4 *Received: 5 June 2012 Accepted: 30 June 2012 Published: 14 July 2012*

---

## 5 **Abstract**

6 Igratefully acknowledge Prof. Yemane Berhane, program and theory review course instructor  
7 as well as advisor, for his professional support and advice in the whole process of developing  
8 this review. At this junction, it is a must for me to give special thanks to all my MPH course  
10 instructors for their support, motivation, and regular follow up during my stay at ACIPH.  
11 Finally, I own a debt of gratitude to all my family members for their unreserved support and  
12 encouragement to make a difference in my life.

---

13 **14 Index terms**— instructors, support, motivation, program.  
15 its advent, the question of sustainability is always a challenge for health care organization particularly  
16 in developing countries. Understanding the essence of sustainability requires analyzing its four elements:  
17 technical, programmatic, social and financial sustainability. Sustainability measurement relies on the intended  
18 targeted/intervention change that happened at individual level, organization level or both. Implementing change  
19 at one level while taking into consideration the context of the others (e.g., individual versus group, facility, or  
20 system), will produce the most long-lasting impact.

21 Addressing the sustainability issue of an HIV care and support intervention is a dilemma. Some approaches  
22 such as community based prevention and rehabilitation, community based investment, participation at grass  
23 root level, providing resources, and trainings are helpful in establishing and formalizing long-term sustainability.  
24 Provision of necessary care and supports to the expectation level of the needy in an equitable manner are good  
25 characteristics of public healthcare and risk reduction. But there are times, where by the technical (ideologies,  
26 knowledge etc) and nontechnical (funds, infrastructure etc) determinants gets impaired by the global, national  
27 and regional factors from maintaining the equity.

## 28 **1 III. Background**

29 For the past three decades, the human immunodeficiency virus (HIV) infection has spread to every corner of  
30 the world. It has killed more than 25 million people since 1981 and more than 30 million people (22 million in  
31 sub-Saharan Africa alone) are now infected with HIV, which causes AIDS (1). Although the overall percentage  
32 of HIV prevalence has stabilized, the number of people with the infection has gradually increased for the fact  
33 that new infection cases are occurring every year and the treatments give additional life for the HIV infected  
34 people (2).

35 In response to the occurrence control of HIV/AIDS with the view of making a sustainable change (3). Care  
36 and support is one of the focus areas that call attention of these interest groups.

## 37 **2 Global Journal of Medical Research Volume XII Issue VII** 38 **Version I Year 2012 Y**

39 The provision of proper care and support for PLWHA and for their families can contribute in prolonging I.  
40 Acknowledgement gratefully acknowledge Prof. Yemane Berhane, program and theory review course instructor  
41 as well as advisor, for his professional support and advice in the whole process of developing this review.

42 At this junction, it is a must for me to give special thanks to all my MPH course instructors for their support,  
43 motivation, and regular follow up during my stay at ACIPH.

44 Finally, I own a debt of gratitude to all my family members for their unreserved support and encouragement  
45 to make a difference in my life.

### 46 3 II. Summary

47 For the past three decades, the human immunodeficiency virus (HIV) infection has spread to every corner of  
48 the world. It has killed more than 25 million people since 1981 and more than 30 million people (22 million  
49 in sub-Saharan Africa alone) are now infected with HIV, which causes AIDS. Such impact alert international  
50 donor agencies to increase resources tremendously to reach significant proportion of people by creating access to  
51 basic care and prevention programs in countries worst hammered by the epidemic. Universal access to prevention  
52 and treatment for all is an integral part of the global agenda to mitigate the HIV pandemic. However, major  
53 challenges exist in combating the current HIV infection with regard to access to treatment, efficiency, quality,  
54 and sustainability of existing programs.

55 Sustainability of health programmes and services can be defined as the capacity to maintain programme services  
56 at a level that will provide ongoing prevention and treatment for a health problem after Author : Joint Hawassa  
57 University and Addis Continental Institute of Public Health MPH program. E-mail : bcchange@gmail.com  
58 termination of major financial, managerial and technological assistance from an external donor. I of HIV, various  
59 local and international organizations are exerting efforts through different systems and approaches towards the  
60 prevention and healthy lives(4). However, the implementation of those programs is hindered by challenges at  
61 one time or another and at different level. Many of the innovations which demonstrated success during project  
62 launch are eventually end up in failing to show achievements for the targets as well as for the implementers.  
63 Achieving Success on some projects while others are failing is a question for investigators (4). Besides success,  
64 the question of sustainability is always a challenge for health care organization particularly in developing countries  
65 (5)(6)(7)(8).

66 Sustainability of health programmes and services can be defined as the capacity to maintain programme  
67 services at a level that will provide ongoing prevention and treatment for a health problem after termination of  
68 major financial, managerial and technological assistance from an external donor. To ensure the sustainability of  
69 HIV care and support programmes, strategies must be built into project design and implementation to enable  
70 HIV efforts to continue long after donor-supported projects are completed (9). This is particularly important in  
71 developing countries which are highly dependent on external funding sources (9). Hence, it is worthy to plan and  
72 implement the donor-funded programs to the highest level to ensure sustainability (10). communitybased and  
73 integrated approaches help to foster the best use of resources in the provision of care and support for PLWHA  
74 (10). However, due consideration has not been given to the sustainability aspect (5). This literature review  
75 explores sustainability of HIV/AIDS care and support programs with emphasis in developing countries.

### 76 4 IV. Objectives of The Review

#### 77 5 General objective:

78 ? to understand and explain the sustainability of HIV/AIDS care and support programs.

#### 79 6 Specific objectives:

80 ? to figure out basic and associated determinants that are affecting sustainability of HIV/AIDS care and support  
81 programmes in developing countries. ? to develop and recommend a frame work that can be used to sustain  
82 health projects.

### 83 7 V. Methods

### 84 8 Sustainability of HIV/AIDS Care & Support Programmes

85 Total # of articles used as key references = 34.

#### 86 9 Search criteria's :

87 articles published with English language.  
88 articles published in the last 10 years.  
89 various combinations of key words within specific searching engine.  
90 repeated articles are dropped.

### 91 10 Global Journal of

### 92 11 Medical Research

93 Volume XII Issue VII Version I ear 2012 Y

---

## 94 12 VI. Synthesis

95 Over the past three decades HIV/AIDS is affecting the world human development, Africa is taking the lion share  
96 of the burden. The shocking impacts are indicated on the health and demographic indicators (life expectancy  
97 at birth e.g. life expectancy at birth in Botswana fell from 65 years in 1990 to less than 40 years by 2005  
98 (11), healthcare assistance, age and sex distribution), economic indicators (income, work force, and economic  
99 growth), Social indicators (education and knowledge), and other indicators (governance, gender inequality and  
100 human rights) (12). Such impact alert international donor agencies to increase resources tremendously to reach  
101 significant proportion of people by creating access to basic care and prevention programs in countries worst  
102 hammered by the epidemic (6). Universal access to prevention and treatment for all is also an integral part of  
103 the global agenda to mitigate the HIV pandemic(13) However, major challenges exist in combating the current  
104 HIV infection with regard to access to treatment, efficiency, quality, and sustainability of existing programs(6,  
105 7).

## 106 13 a) Overview of sustainability

107 The issue of sustainability gets an international agenda since its advent in the 1980s (14). Understanding  
108 the essence of sustainability requires analyzing its four elements: technical, programmatic, social and financial  
109 sustainability. The Technical sustainability refers the continuous availability of highquality, facility-based  
110 HIV clinical services aligned with national standards (Skilled professionals, adequate laboratory, pharmacy  
111 infrastructure, sufficient equipment and commodities). Programmatic sustainability refers effective management,  
112 coordination and implementation of facility-based HIV services (robust logistics; commodity and supply  
113 management systems; functional communications). Social sustainability refers to sustained HIV activities, which  
114 rely on continued demand for HIV services by communities (acceptability, accessibility, affordability and culturally  
115 sensitive). Financial sustainability refers the presence of adequate and continuous funding to achieve HIV service  
116 targets and objectives. This is a major challenge in resourcelimited countries (13,15).

117 Usually, sustainability measurement relies on the intended targeted/intervention change that happened at  
118 individual level, organization level or both. Implementing change at one level while taking into consideration  
119 the context of the others (e.g., individual versus group, facility, or system), will produce the most long-lasting  
120 impact (16). These factors are likely also to be important in work aimed at sustaining organizational innovations  
121 that have been successfully introduced. Some factors (e.g., a supportive organizational culture) are likely to  
122 come into play earlier on in the introduction of an organizational innovation, whereas others are likely to be  
123 more important in sustaining, maintaining, and routinising change (17). Bringing desirable change in individual  
124 vise-a-vise organizational performance are two different tasks that require not only different instruments for  
125 measuring changes, but acquisition of in-depth knowledge of the processes that control adoption or assimilation  
126 of the innovation at either level (16). b) Challenges of PLWHA People living with HIV/AIDS face tremendous  
127 challenges, including mental health, lack of care and support, stigma-a dynamic process of devaluation that  
128 'significantly discredits' an individual in the eyes of others (18), and depression (19). Though projects and  
129 interventions like HIV therapy and care programs are designed and remains working in the fight against HIV  
130 in developing countries, it is not touching the ground as per the wishes. Without adequate treatment, care or  
131 support, mortality rates would continue to rise (20). PLWHA as well as family members are not only struggling  
132 with sickness, but also facing impaired productivity, declining income, and increasingly difficult choices among  
133 essentials but competing expenses

## 134 14 Global Journal of Medical Research Volume XII Issue VII 135 Version I year 2012 Y

136 Sustainability of HIV/AIDS Care & Support Programmes such as food versus healthcare or schooling versus  
137 rent (21,22) c) Determinants of sustainability HIV/AIDS care and support programs usually require two major  
138 categories of support -formal and informal. The formal social supports are those supports provided from health  
139 care and social service facilities which are established for the same or related purposes. Whereas the informal social  
140 supports are those supports originated from family, friends, and other community organizations (like churches)  
141 (23)(24)(25) that are highly recommended in managing most chronic diseases including HIV. The presence and  
142 provision of close support from family members for PLWHA promote their odds of entry into medical care (23).

143 In a comparative study to know the relevance of care and support among children who were placed in three  
144 domains of outcome measures (group homes, orphanages, and in kinship) those children's who were attached to  
145 the group homes performed best in almost all psychosocial variables. Consequently, children's in group homes who  
146 were receiving the necessary collaboration, care and support has demonstrated lowest level of anxiety, depression,  
147 anger, posttraumatic symptoms, disassociation and sexual concerns (26). Collaboration was found to be the basis  
148 for sustainability (27).

149 Provision of necessary care and supports to the expectation level of the needy in an equitable manner are good  
150 characteristics of public healthcare and risk reduction. But there are times, where by the technical (ideologies,  
151 knowledge etc) and non-technical (funds, infrastructure etc) determinants gets impaired by the global, national  
152 and regional factors from maintaining the equity (28).

153 Though aggressive and multidimensional strategies are designed (by foundations, donors, policy makers, and  
154 advocates) to stop the HIV infections and sustain impacts, they did not escape from the increasing criticism  
155 for their failures to achieve the 2008 goals(29) (mid point for MDG). On contrary, counter arguments recognize  
156 that the relevance and contributions of global health sectors in mobilizing significant amount/kind of resources  
157 which was not achieved prior to HIV. The question here is how far the huge resources are contributing for  
158 the HIV/AIDS care and support program sustainably in developing world? The other critic is the global fund  
159 for HIV is the most extravagant in consuming the majority human and financial resources as compared to  
160 the measurable outcomes. Due to this, less resource is being allocated for tuberculosis (TB), malaria, and  
161 malnutrition. This leads the vulnerable groups in to further complication and public health problems. Most  
162 often, small rural, African villages are the most vulnerable from such negligence. In situations where by the  
163 HIV/AIDS case is rampant vise-a-vise low service coverage for the care and support interventions, the poor  
164 PLWHA are still challenged with the HIV infection consequences. In order to address these challenges horizontal  
165 integration, family wellness, evidence based prevention, and applications of highly active and vibrant systems are  
166 advised (29,30) In a research conducted to identify the decision making process for HIV/AIDS resource allocation  
167 including for care and support in sustainable ways, it was revealed that the resource allocation begins with the  
168 selection of HIV/AIDS programmes and with available data. This is followed by the funding level and the level  
169 of experiences they acquired for each programmes (31). In the process of allocating the resources, external  
170 individuals, other organizations, and other intangible factors have an important influence either in supporting or  
171 refusing the ultimate decision. This by itself either benefits or hinders the HIV/AIDS care and support programs  
172 in developing countries. On a similar research, the type of tools or frameworks that are used by decision makers  
173 in allocating resources for HIV/AIDS were analyzed and figured out that for small organization or local level  
174 decisions the use of such formal techniques is not common. However, for a national level organization, they use  
175 rational economic models to analyze the epidemiological and the costeffectiveness. However, the use of other  
176 operations research techniques or framework is not common (31).

177 On the same token in another study the private sector resources mobilization, efficiency in disbursing the  
178 funds, and assurances are not satisfying the expectations of the people living with HIV/AIDS, the participating  
179 stakeholders, and other multilateral organizations in sub-Saharan Africa (32), a challenge for the sustainability  
180 of HIV projects.

## 181 **15 d) Sustainability strategies**

182 Due to the escalating number of HIV/AIDS infection in developing countries, there is a high demand for system-  
183 level interventions. This is a promising approach aims at improving the proper functioning of the organization  
184 as well as the delivery of services to the community in coordinated manner. System-level interventions are  
185 a promising approach to HIV/AIDS prevention because they focus on (a) evidence based HIV prevention  
186 and care programs (b) develop and establish policies and procedures that maximize the sustainability of on-  
187 going prevention and care efforts (c) improve the decision making processes such as incorporating the needs of  
188 communities into their tailored services (33).

189 Addressing the sustainability issue of an HIV care and support intervention is a dilemma. Some approaches  
190 such as CBPR, community based investment, participation at grass root level, providing resources, and trainings  
191 are helpful in establishing and formalizing long-term sustainability (8). But, most of the organization in  
192 developing countries, rather than focusing on the mentioned approaches, they were just concentrating on the  
193 provision of food aid within their HIV/AIDS care and support programmes with a rationale that PLWHA are  
194 not food secured. Food supplementation, however, was quickly recognized as an unsustainable and incomplete  
195 intervention (34). A growing body of research suggests that community readiness to adopt and implement  
196 evidence-based interventions is essential for sustainability (15).

## 197 **16 Global**

198 Even though the expected outcome towards care and support program is to the minimum level due to the  
199 mentioned reasons, it was argued that 'care agenda' needs top priority and urgency by the international health  
200 policy in its framework, strategies and actions. Furthermore, it stresses that other non health sector should  
201 support and strengthen the policy as well as the community home-based care to the broader sense to ensure  
202 sustainability (10).

203 Caring for a person with HIV/AIDS requires considerable time and other resources, which is compounded in  
204 many developing countries (10). In response to the growing need for a more programmatic approach to care for  
205 persons living with HIV/AIDS, the World Health Organization (WHO), in consultation with a wide group of  
206 experts, developed a framework for 'Comprehensive Care across a Continuum' later known simply as the 'Care  
207 Continuum' (WHO 2000b). The intent of the model was to promote, create and sustain a 'holistic' approach to  
208 care and support for persons living with HIV/AIDS (10). This approach is believed to be an important advance  
209 for the fact that it illustrate in creating linkage among care domains. Though this is appreciated, the 'care  
210 continuum' is criticized for poor mechanism of linking individuals with home care and peer support across the  
211 continuum. Thus the application of the model might be challenged for its intent i.e. promoting and sustaining  
212 holistic approaches to care and support for PLWHA.

---

213 **17 VII. Limitation of The Review**

214 The major limitation of this literature review is: ? Majority of the published articles done on sustainability are  
215 focusing about overall HIV/AIDS interventions. And identifying only the care and support from the available  
216 articles is difficult for the fact that a number of confounding factors are affecting the sustainability aspect.

217 **18 VIII. Conclusions And Recommendations**

218 HIV is still a major public health problem in developing countries. Various local and international organizations  
219 are exerting efforts through different systems and approaches towards the prevention and control of HIV/AIDS  
220 with the view of making a sustainable change. Care and support is one of the focus areas that call attention of  
221 these interest groups. However, the question of sustainability is always a challenge for health care organization.

222 Major factors that determine the sustainability of HIV care and support at the global, national and regional  
223 levels are; type of care and support provided, technical (ideologies, knowledge etc) and non-technical (funds,  
224 infrastructure etc). In order to address these challenges horizontal integration, family wellness, evidence based  
225 prevention, and applications of highly active and vibrant systems are advised. The following framework is also  
226 recommended based on the existing sustainability gaps, ? There has to be aggressive system integration with the  
227 existing government structure, supported with evidence based intervention. ? Community members should bear  
228 ownership and provide required support to PLWHA as well as the organizations.

229 **19 Global**



1

Figure 1: Figure 1 :

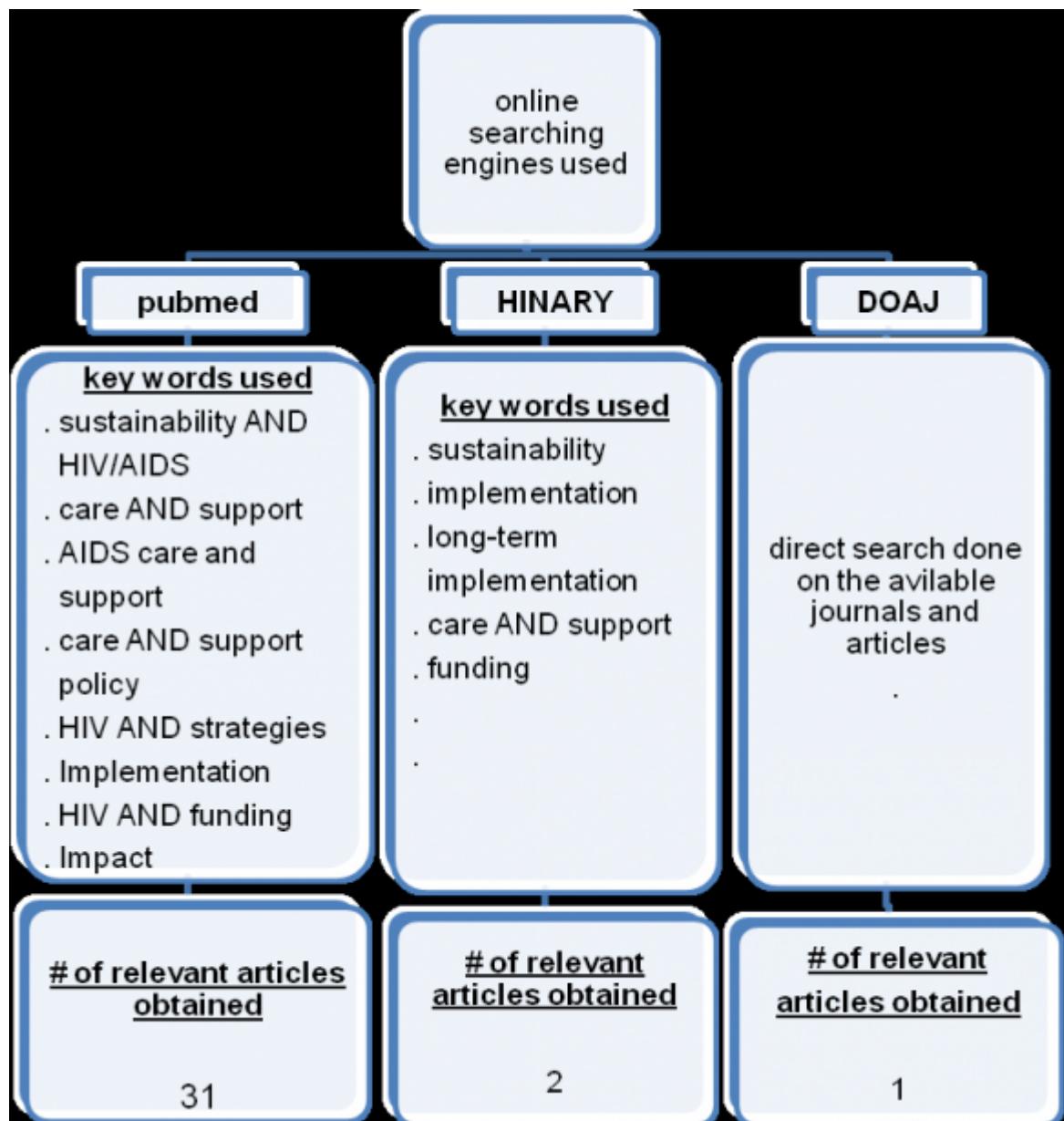


Figure 2:

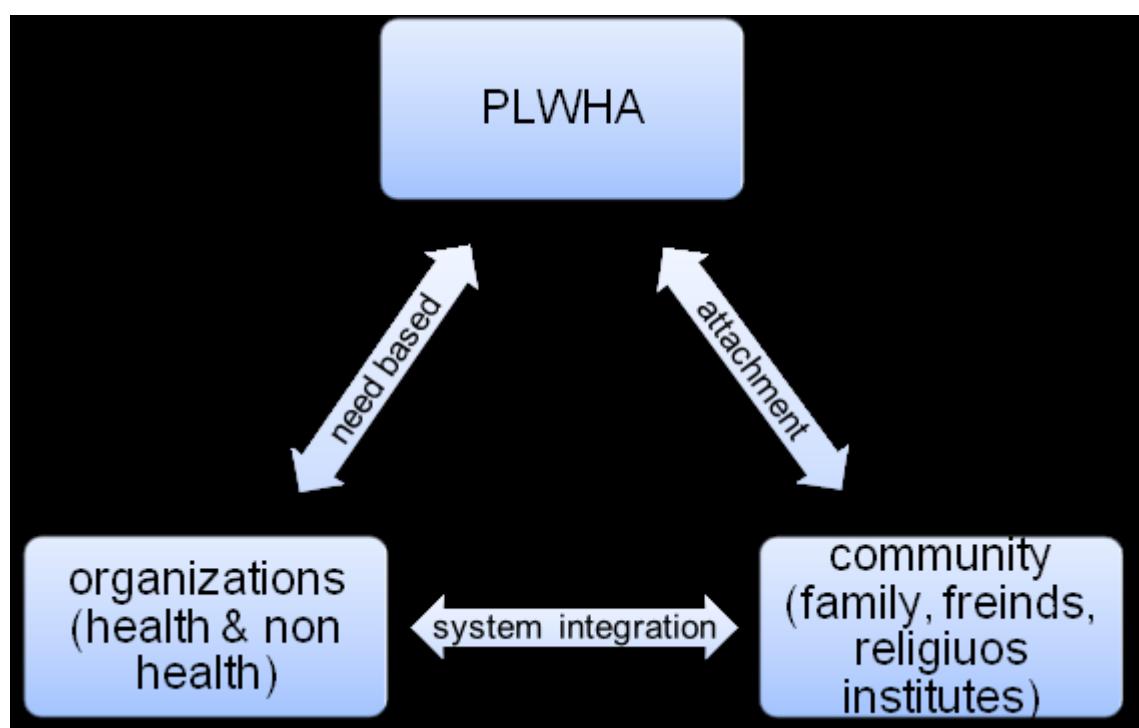


Figure 3:



231 [Louise C Ivers et al.] , Kac Louise C Ivers , A Kenneth , Freedberg . Steven Block, Jennifer Coates, and Patrick  
232 Webb.

233 [Sharon et al.] , B S Sharon , Leticia R GatewoodPD , Pharm D Moczygemb , D Ph , J Akash , Pharm D  
234 Alexander , D Robert , Osborn , Lcsw2 Msw , DianneL .

235 [Maoama et al. ()] , Mwanthi Maoama , Role , Non-Governmental , In , Of , Discrimination , Hiv/Aids Persons  
236 In , Kenya Kibera . *East African Journal of Public Health* 2008. 5 (1) p. .

237 [Development et al. ()] , The Development , Use Of A Model , To , Sustainability , Change , Health , Settings .  
238 *Int J Inf Syst Change Manag* 2011. 5 (1) p. .

239 [Sarah S Slaghuis et al. ()] 'A framework and a measurement instrument for sustainability of work practices in  
240 long-term care'. Mms Sarah S Slaghuis , A Roland , Anna P Bal , Nieboer . *BioMed Central* 2011. 11 (314)  
241 p. .

242 [José et al. ()] 'A review of HIV/AIDS system-level interventions'. A José , S T Bauermeister , Anke A Ehrhardt  
243 . *PMC* 2010. 13 (3) p. .

244 [Kautz Pc et al. ()] 'AIDS and declining support for dependent elderly people in Africa: retrospective analysis  
245 using demographic and health surveys'. Tim Kautz Pc , Eran Bendavid , Jay Bhattacharya , Grant Miller .  
246 *BMJ* 2010. 340 p. .

247 [Lasry ()] *Allocating funds for HIV/AIDS: a descriptive study of KwaDukuza, South Africa. Health Policy and*  
248 *Planning*, Arielle Lasry , Mwcagsz . 2011. 26 p. .

249 [Hong et al. ()] 'Care arrangements of AIDS orphans and their relationship with children's psychosocial well-  
250 being in rural China'. Yan Hong , XL , Xiaoyi Fang , Guoxiang Zhao , Junfeng Zhao , Qun Zhao , Xiuyun  
251 Lin , Liying Zhang , Bonita Stanton . *Health Policy and Planning* 2011. 26 p. .

252 [Saji S Gopalan and Smaad ()] 'Challenges and opportunities for policy decisions to address health equity in  
253 developing health systems: case study of the policy processes in the Indian state of Orissa'. Saji S Gopalan ,  
254 Smaad . *International Journal for Equity in Health* 2011. 10 (55) p. .

255 [Reynolds-Cane et al. ()] 'Development and Implementation of an Academic-Community Partnership to Enhance  
256 Care among Homeless Persons'. M D Reynolds-Cane , R Gary , Pharm D Matzke , Fcp , Fccp , Fnap Fasn ,  
257 R Jean-Venable , Goode . *Inov Pharm* 2011. 2 (1) p. .

258 [Luís and Bettencourta ()] 'Evolution and structure of sustainability science'. M A Luís , Bettencourta . *PNAS*  
259 2011. 108 (49) p. .

260 [Ogden Seacg ()] *Expanding the care continuum for HIV/AIDS: bringing carers into focus. The London School*  
261 *of Hygiene and Tropical Medicine*, Jessica Ogden Seacg . 2006. p. .

262 [Torpey et al. ()] 'From project aid to sustainable HIV services: a case study from Zambia'. Kwasi Torpey , LM ,  
263 Catherine Thompson , Edgar Wamuwi , Wim Van Damme . *Journal of the International AIDS Society* 2010.  
264 13 (19) p. .

265 [Torpey et al. ()] 'From project aid to sustainable HIV services: a case study from Zambia'. Kwasi Torpey , LM  
266 , Catherine Thompson , Edgar Wamuwi , Wim Van Damme . *Torpey et al Journal of the International AIDS*  
267 *Society* 2010. 13 (19) p. .

268 [Sengupta et al. ()] 'HIV Interventions to Reduce HIV/AIDS Stigma: A Systematic Review'. Sohini Sengupta ,  
269 BB , Dan Jonas , Margaret Shandor Miles , Giselle Corbie Smith . *AIDS Behav* 2011. 15 (6) p. .

270 [Peter Amico and Avila ()] 'HIV Spending as a Share of Total Health Expenditure: An Analysis of Regional  
271 Variation in a Multi-Country Study'. C A Peter Amico , Carlos Avila . *PLoS ONE* 2010. 5 (9) p. .

272 [Yager et al. ()] 'HIV/AIDS, Food Supplementation and Livelihood Programs in Uganda: A Way Forward?'.  
273 Jessica E Yager , Sheri D Sk , Weiser . *PLoS ONE* 2011. 6 (10) p. .

274 [Yu et al. ()] 'Investment in HIV/AIDS programs: Does it help strengthen health systems in developing  
275 countries?'. Dongbao Yu , Y S Mazuwa , A Banda , Joan Kaufman , H Joseph , Perriëns . *Globalization*  
276 *and Health* 2008. 4 (8) p. .

277 [Molyneux et al. ()] 'Journal of Medical Research Volume XII Issue VII Version I ear 2012 Y Sustainability of  
278 HIV/AIDS Care & Support Programmes Gilson. The role of community-based organizations in household  
279 ability to pay for health care in Kilifi District'. Catherine Molyneux , BH , Jane Chuma , Lucy Global .  
280 *Kenya. Health Policy and Planning* 2007. 22 p. .

281 [Bowman et al. ()] 'Measuring persistence of implementation: QUERI Series'. Candice C Bowman , Ejs Steven  
282 , M Asch , Allen L Gifford . *Implementation Science* 2008. 3 (21) p. .

283 [Martin et al. ()] 'Mortality of HIV-Infected Patients Starting Antiretroviral Therapy in Sub-Saharan Africa:  
284 Comparison with HIVUnrelated Mortality'. W G Martin , A B Brinkhof , Ralf Weigel , Colin Euge'ne  
285 Messou , Catherine Mathers , Franc\_ois Orrell , Margaret Dabis , Matthias Pascoe , Egger . *PLoS Medicine*  
286 2009. 6 (4) p. .

287 [Steven and Reynolds ()] 'Setting the Stage: Current State of Affairs and Major Challenges'. J Steven , Reynolds  
288 . *Clin Infect Dis* 2010. 50 (3) p. . (suppl)

289 [George et al. ()] 'Sources and Types of Social Support that Influence Engagement in HIV Care among Latinos  
290 and African Americans'. Sheba George , P , Belinda Garth , Amy Rock Phd , Wohl , Frank H Phd , Galvan  
291 , Wendy Phd , Mph Garland , Hector F Myers , Phd . *J Health Care Poor Underserved* 2011. 20 (4) p. .

292 [Galárraga ()] 'STAKEHOLDERS' OPINIONS AND EXPECTATIONS OF THE GLOBAL FUND AND  
293 THEIR POTENTIAL ECONOMIC IMPLICATIONS'. Omar Galárraga . *PMC* 2010. 22 (1) p. . (Suppl)

294 [Lia et al. ()] 'Stigma, social support, and depression among people living with HIV in Thailand'. Li Lia , S-Jl ,  
295 Panithee Thammawijayab , Chuleeporn Jiraphongsab , Mary Jane Rotheram-Borusa . *PMC* 2009. 21 (8) p. .

296 [Bennett et al. ()] 'Sustainability of donor programs: evaluating and informing the transition of a large HIV  
297 prevention program in India to local ownership'. Sara Bennett , SS , Sachiko Ozawa , Nhan Tran , J S Kang  
298 . *Global Health Action* 2011. 4 (7360) p. .

299 [Tibbits et al. ()] 'Sustaining Evidence-based Interventions Under Real-world Conditions: Results from a  
300 Large-scale Diffusion Project'. Melissa K Tibbits , Sandee J Bkb , Daniel F Kyler , Perkins . *Prev Sci* 2010.  
301 11 (3) p. .

302 [Swidler ()] 'Teach a Man to Fish': The Doctrine of Sustainability and Its Effects on Three Strata of Malawian  
303 Society'. Ann Swidler , Scw . *jworlddev* 2010. 37 (7) p. .

304 [Trintapoli ()] 'The AIDS-related activities of religious leaders in Malawi'. J Trintapoli . *Glob Public Health* 2011.  
305 6 (1) p. .

306 [Wingood ()] 'The Four Cs of HIV Prevention with African Americans: Crisis, Condoms, Culture, and  
307 Community'. Jkwgewg Wingood . *Curr HIV/AIDS Rep* 2010. 7 p. .

308 [Boutayeb ()] 'The impact of HIV/AIDS on human development in African countries'. A Boutayeb . *BMC Public  
309 Health* 2009. 9 (1) p. . (Suppl)

310 [Graham P Martin et al. ()] 'The medium-term sustainability of organisational innovations in the national health  
311 service'. G C Graham P Martin , Rachael Finn , Ruth McDonald . *Implementation Science* 2011. 6 (19) p. .

312 [Shannon Wiltsey Stirman et al. ()] 'The sustainability of new programs and innovations: a review of the  
313 empirical literature and recommendations for future research'. J K Shannon Wiltsey Stirman , Natasha  
314 Cook , Amber Calloway , Frank Castro , M Charns . *BioMed Central* 2012. 7 (17) p. .

315 [Hiv/Aids ()] 'Undernutrition and Food Insecurity'. Hiv/Aids . *Clin Infect Dis* 2010. 49 (7) p. .

316 [Nordqvist ()] 'What promotes sustainability in Safe Community programmes?'. Cecilia Nordqvist , Ttakl . *BMC  
317 Health Services Research* 2009. 9 (4) p. .