

GLOBAL-WORLD HIV/AIDS ALLIANCE (GHAA): CHARTING HEALTHY PATHWAYS FOR VULNERABLE POPULATIONS

The Global-World HIV/AIDS Alliance (GHAA) is a collaboration of representatives from civil society, faith-based organizations, institutions of higher education, and government agencies who are pooling resources specific to their respective organizations' missions to assist with enhancing education and early treatment for HIV/AIDS in marginalized and medically underserved communities worldwide. The Alliances' partnerships are divided into five geographically oriented operational groups (called clusters), which are the Africa Regional Cluster, Asia Regional Cluster, Europe Regional Cluster, Latin-Caribbean Cluster, and United States Cluster. The purpose of this collaborative effort, which relies on the expertise and services of agencies and institutions from 26 countries, is to mobilize experts from various fields to share lessons learned about effective (and ineffective) strategies for reaching those most neglected, to ultimately realize a decline in HIV/AIDS infection and death rates. It is hoped the sharing of culturally sensitive educational materials and prevention strategies will decrease new HIV cases, increase participation in clinical trials, and mobilize grassroots efforts to affect health policy. Emerging from GHAA is the Charting Healthy Pathways for Vulnerable Populations, a 15-year initiative scheduled for 2006 through 2020. The inaugural launching took place in Hyderabad, India, in February 2006, and the first biennial global conference was held in October 2007 in Richard's Bay, South Africa. Several regional cluster meetings are scheduled in various countries before the second global conference in China in October 2009. In the meantime, cluster countries' representatives will be engaging in various forms of dialogue to promote innovative prevention/awareness strategies, identification of resources and services to be rendered, potential research collaborations, and networking to engage others in the cause of GHAA as we move to become the "global voice for vulnerable HIV populations." (*Ethn Dis.* 2008;18[Suppl 2]:S2-185-S2-188)

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INTRODUCTION

The purpose of this article is to emphasize the need for mobilizing and engaging and connecting committed organizations worldwide, in an effort to address the growing HIV/AIDS pandemic that is claiming disproportionate numbers of lives in marginalized populations. According to the most recent estimates from the World Health Organization and the Joint United Nations Programme on HIV/AIDS (UNAIDS), ≥ 5700 people die of AIDS every day, and 95% of the victims reside in low- and middle-income countries that lack key prevention and care service.¹ UNAIDS estimates $\approx \$18$ billion is needed now to effectively address the needs of people infected with HIV.² Therefore, the need is imminent for the formation and mobilization of alliances to pool resources: human, financial, service-based, education-based, and a strong advocacy base to address this deadly disease.

The Global-World HIV/AIDS Alliance (GHAA), a collaboration of academic institutions committed to serving vulnerable/marginalized populations with civil society organizations, faith-based organizations, and government agencies that share this mission. GHAA presents this article as the core of its strategic planning for 2006–2020. The lead partner of this initiative is Jackson

State University of Jackson, Mississippi (USA), on behalf of the Research Centers in Minority Institutions (RCMI) Translational Research Network (USA), which is composed of 18 institutions across the United States,³ and the Mississippi Consortium for International Development (USA), which also includes Alcorn State University, Mississippi Valley State University, and Tougaloo College. The core partners include Mahatma Gandhi College-Nagarjuna University of Guntur (India); Jawaharlal Nehru Technological University (India); All India Institute of Medical Sciences (India); Central Universities of Nationalities (China); Southern Medical University, Guangzhou (China); Catholic University College (Ghana); University of Port Harcourt (Nigeria); University of Zululand (South Africa); University of Fort Hare (South Africa); University of Limpopo (South Africa); University of South Africa (South Africa); Bluefields Indian and Caribbean University (Nicaragua); University of Yaounde-Faculty of Medicine (Cameroon); Mahidol University (Thailand); University of the Philippines, Manila (Philippines); National Forensic Psychiatric Hospital of Korea (South Korea); College of Public Health Administration, Ministry of Public Health (Thailand); University of Zambia (Zambia); and the Catholic Hospital Association of India (CHAI). Additional partners and members are being invited to join GHAA as the Charting Healthy Pathways Initiative is implemented in other regions across the globe.

As the lead partners lay the foundation to strengthen institutional education and research capacities, an extensive

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networking process was also initiated. Meetings have been and will continue to be conducted with a wide range of local, national, and global organizations to share the guiding vision, goals, and projected outcomes of this initiative. The aim is to refine the network of sponsors, partners, and resource organizations who will be involved in the formation of cluster groups for implementing mission-driven activities associated with this initiative.

METHODOLOGICAL APPROACH FOR GLOBAL TRANSFORMATION OF HIV/AIDS AWARENESS, PREVENTION, AND EARLY TREATMENT IN VULNERABLE COMMUNITIES

The methodological approach of GHAA and its Charting Healthy Pathways Initiative is based upon two key principles. The first principle is that interdisciplinary and multisectoral alliances are required to effectively address the multidimensional nature of the HIV/AIDS pandemic. The second principle is that short-term strategies and solutions must be balanced by long-term, sustainable approaches to disease control and management. Therefore, three key goals have been established by GHAA in order to abate the political, social, economic, and human consequences of the rapidly spreading HIV/AIDS pandemic:

- Goal 1: Develop a global consortium of private and public institutions (dedicated to serving vulnerable/under-served communities) organized into interactive thematic clusters using a unique collaboration model.
- Goal 2: Establish capacity within each country cluster to plan and implement HIV/AIDS education and prevention strategies to improve health outcomes for more vulnerable/under-served communities.

- Goal 3: Facilitate information/data sharing (ie, best practices and lessons learned), communications, and training through a web portal, which will be designed and supported by a GHAA Data Technology Coordinating Center.

Goal 1: Develop a Global Consortium of Private and Public Institutions (Dedicated to Serving Vulnerable/Under-Served Communities) Organized into Interactive Thematic Clusters Using a Unique Collaboration Model

This goal is foundational in nature because it applies to short-term as well as long-term HIV/AIDS strategies and action plans. Engaging all sectors of society is the first and primary prescription for tackling this dreaded disease. Within each GHAA country, one institution will serve as the lead organizing partner for recruitment and orientation of other organizations or institutions that will then join the GHAA cluster community. On the global level, a global coordinating committee will be established consisting of representative stakeholders from each country participating in the Charting Healthy Pathways Initiative.

Goal 2: Establish Capacity within Each Country Cluster to Plan and Implement HIV/AIDS Education and Prevention Strategies to Improve Health Outcomes for More Vulnerable/Under-Served Communities

The second goal is based on the premise that the HIV/AIDS epidemic is so ubiquitous in vulnerable populations, and even more so in vulnerable communities within low-resource countries, particularly in Africa, that concerted action must begin first and foremost at the family and community level, followed by legislative action that stimulates the sharing of accurate and timely

information, as well as access to proper medical care and medication.

The Education Program

The education efforts will be formulated through on-going consultation and dialogue with individuals and communities directly impacted by the HIV/AIDS pandemic, using a community partner approach.⁴ Educational activities will encompass both inreach and outreach activities. By inreach, we are referring to changes in practice, behavior, and programming within partner GHAA institutions. This will enable such institutions to begin the educational process among their internal constituencies of interest, including administration, staff, faculty, and their students. The outreach component will draw on the input and expertise of the cluster members to identify geographic target zones and conduct needs assessments to identify priority issues and opportunities for engagement in partnership with local stakeholders.

The Advocacy Program

In order to avoid unnecessary duplication of effort and resources, the initiative's advocacy program will be spearheaded by civil society organizations with a proven track record in this arena. The lead partners will solicit the input of the local community as well as its global civil society partner, World AIDS Campaign, to identify prospective advocacy organizations that are willing to support this initiative through local, national, and global campaigns that will challenge political leaders to address the full range of issues that affect historically impoverished populations impacted by the HIV/AIDS pandemic. Issues of interest will be mapped in order to identify areas of convergence and divergence among different populations participating in the initiative. Through this method, advocacy campaigns will be grounded in the realities of historically impoverished communities and such communities

will have a vested interest in supporting and leading the campaigns implemented by this initiative.

**Goal 3: Facilitate Information/
Data Sharing (Best Practices and
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Systematic approaches to assessing, charting, and sharing both the processes and the outcomes of initiative's strategies will be key to rapidly advancing effective awareness and prevention efforts and minimizing the learning curve for failed efforts. Community education should enhance participation in strategic clinical research efforts as new modalities for prevention and empowerment, such as microbicides, are introduced.

We envision such efforts being supported by the creation of a Global HIV/AIDS Sociobehavioral, Biomedical Informatics Grid. We anticipate this to evolve from the RCMi Translational Research Network and that it will provide a coordinated management system linked to the goals of the initiative. Eventually such efforts might support a multicenter research program that facilitates the conduct of prospective trials to assess HIV/AIDS awareness, education, and prevention efforts in vulnerable populations.

**GHAA AND
TRANSLATIONAL RESEARCH**

Multidisciplinary, translational research provides a tremendous opportunity for understanding complex factors that influence outcomes. Such translational research is particularly crucial for impoverished and vulnerable communities where understanding disparities can lead to dramatic improvements in

health. A thoughtful community approach that can assist in accelerating research advances requires a combination of nontraditional expertise and novel partnerships between scientific disciplines and local communities. Thus, translational approaches to research are vital to acquiring and testing new knowledge, building on existing data, and expanding beyond known boundaries of behavioral, public health, and medical sciences.

GHAA institutions will build on a body of research demonstrating that community-based and community-partnered interventions can produce positive health outcomes. Community-based research strategies lead to empowerment of community members, as well as realistic, sustainable interventions. As communities participate in the process of research and begin to experience the health benefits, the barriers to community participation in research are gradually overcome.

Ultimately, GHAA will serve as a vehicle for a comprehensive approach to improving health outcomes for diverse marginalized populations by advancing rigorous, hypothesis-driven, community-partnered prevention research. The creation of national and transnational research networks within GHAA, using a distributed network of partners organized as clusters, is a necessary precondition for the sharing of knowledge and the translation of research results into meaningful health outcomes.

In collaboration with the RCMi research centers in the United States, Jackson State University will spearhead the development of a secure, web-based, coordinated data management system for key GHAA activities. The web portal will have functionality that includes data capture and integration of many different forms of data. It will provide a user-friendly system for recruitment and referral of participants for research studies; tool kits for data mining and data sharing; and a public portal to facilitate information disse-

mination to clinicians, researchers, the lay public, and health policy officials. This will facilitate collaborations within and between cluster members and, in many cases, enable GHAA researchers to integrate data with other networks.

Resulting outcomes from the effective implementation of activities in support of the three goals integral to the Charting Healthy Pathways Initiative are:

- Transformation of educational and prevention strategies and partnered approaches within vulnerable communities;
- Achievement of specific changes in national or global policy concerning public support and resources required to effectively combat the HIV/AIDS pandemic in these high-risk communities; and
- Realization of tangible and measurable declines in HIV/AIDS infection and ultimately death rates in designated, targeted intervention sites.

IMPLEMENTATION

As noted, the GHAA initiative was officially launched during the India Convening, held in Hyderabad during February 2006. This event serves as the model through which GHAA members deliberate, set priorities, and reach consensus on key program goals and objectives. These matters were further discussed in a series of regional planning meetings that culminated in the First Biennial Global Worldwide HIV/AIDS Conference, which was held in Richards Bay, South Africa, in October 2007.

The three-day conference hosted by the University of Zululand was attended by >300 participants from 12 countries. The diverse group of attendees included public health officials; health-care providers; researchers; educators; students; community leaders; and representatives of faith-based groups, multinational corporations, and both gov-

ernmental and nongovernmental organizations. Also in attendance were several South African dignitaries and national leaders including King Goodwill Zwelithini; Jacob Zuma, president of the African National Congress; Manto Tshabalala-Misimang, the South Africa Minister of Health; and Dr. Nomonde Xundu, director of HIV and AIDS for the National Department of Health. The alliance seeks to build on progress made at the first conference by following it up with regional cluster meetings that will lead up to the second biennial global conference in China in October 2009.

CONCLUSION

The Charting Healthy Pathways Initiative brings together a transnational alliance of partners uniquely situated, equipped, and committed to forge a

network of diverse strengths and assets that will effectively combat the conditions that contribute to the spread of HIV/AIDS, especially in those communities with the fewest resources. The innovative sharing of these partner institutions with each other and local communities will add substantial value to efforts to establish effective HIV/AIDS prevention and treatment programs in vulnerable communities. Armed with experience and intimate knowledge of the diverse social and cultural dynamics which affect prevention and treatment efforts in such communities, these institutions are poised to contribute significantly to the body of research and best practices that inform the global effort to stop the spread of HIV/AIDS. Such commitment can mean the difference between opportunities taken and opportunities missed. The lead partners for this proposed initiative believe that the

programs and activities set forth in this document will result in the formation of a broad-spectrum alliance that will bring synergy, enthusiasm, and a spirit of solidarity that will enhance efforts to reach out, support, and rebuild the health of vulnerable/marginalized communities ravaged by the unrestrained global HIV/AIDS pandemic.

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