

Front line organisations and institutions growing stronger through evidence-based practice

The best evaluated front-line programs on Children and (HIV and) AIDS: Which should be taken to scale, and what are the barriers and possibilities

Discussion points by Anne Lindeberg, Swedish-Norwegian Regional HIV/AIDS Team (Sida), Zambia

The paradox of evidence based interventions

The financial benefits of having invested in children in need so that they explore their full rights are difficult to measure.

Yet, the consequences of lack of investment in children in need are well documented.

Strengths of evidence-based programmes

Speaks to/Addresses:

- Research, testing, safety
 - Fits a public health framework
 - At-scale
 - Financing
 - Multi-sectoral Government owned/institutionalised; Implementation and oversight
 - Institutional dynamics and need for institutional strengthening – “Make the money work”
 - Increased harmonisation (reduced fragmentation)
 - Long-term interventions
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Some challenges

- Takes time to show at-scale impact
 - Often packed into “one model fits all”
 - Weak in attention to the role of qualitative aspects
 - Weak on comprehensive packages
 - Emerges from risks and problems
 - Dominance of “Western” guidelines/thinking of what is right and wrong
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Potential gaps in the future

- Continue to take risks and attention to innovative approaches
 - Attention to qualitative aspects that may affect compliance
 - Investment in long-term interventions
 - Investments in comprehensive interventions
 - Investment in developmental emergency interventions
 - Solution oriented
 - Paris agenda
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Childhood should be a time of joy and peace, of playing, learning and growing - for many children it is quite the opposite (Michael Kelly, 2007)

Quantitative and qualitative evidence interventions at their best

Universal Access

- Equitable* – available to persons of all types
 - Accessible* – goods & services available when & where people need them, and without fear of stigma
 - Affordable* – cost never a barrier
 - Acceptable* – no social, cultural or religious barriers
 - Comprehensive* – includes prevention, treatment, care and impact mitigation, and involves all partners and individuals
 - Sustainable* – not a one-off set of interventions but available throughout people's lives and including new products as they become available
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Question to consider

- Despite being termed “evidence based”, some evidence based research is still considered as a risks to invest in, for instance cash transfers – why?
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