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Nota di contenuto	Cover -- Contents -- Foreword -- Acknowledgments -- About the Authors -- Abbreviations -- Executive Summary -- Chapter 1 Thirty Years of the HIV/AIDS Epidemic in Argentina -- Introduction -- Changes in the HIV/AIDS Epidemic during the Past Two Decades -- HIV/AIDS Response in Argentina: National Public Policy and Public Good -- Conclusion -- Note -- References -- Chapter 2 Burden of HIV/AIDS in Argentina: Global and Regional Comparative Analysis -- Introduction -- Global Burden of Disease Approach -- HIV/AIDS Epidemics in Argentina Using a BoD Approach -- Conclusion -- Notes -- References -- Chapter 3 Subnational Analysis of the Burden of HIV/AIDS in Argentina -- Introduction -- Methodology -- Subnational Epidemiological Analysis -- Subnational Burden of Disease Analysis -- Conclusion -- Annex 3A: Burden of HIV/AIDS in Argentina, 2005-2010 -- Notes -- References -- Chapter 4 Advances and Challenges in the Supply of HIV/AIDS and STI Prevention, Diagnosis, and Treatment from the Argentine Public Health System -- Introduction -- Conceptual Definitions of the Participatory Diagnostic Study -- Methodology -- Comparative Analysis for 2007-2011 -- Conclusion -- Notes -- References -- Chapter 5 Social and Economic Factors Related to the Demand Side of the HIV/AIDS Burden in Argentina -- Introduction -- High-Risk Populations in Argentina -- Methodology -- Data Analysis and Results -- Conclusion -- Notes --

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Sommario/riassunto

The 1992 creation of the National HIV/AIDS Program was a fundamental step for Argentina to reach the second lowest burden of HIV/AIDS in South America. From 2000 to 2010, Argentina further reduced the already low HIV/AIDS incidence of 15.9 per 100,000 by 25 percent and reduced the burden by 21 percent. This study analyzes the national and inter-provincial burden of disease, the demographics of new HIV cases, the demand and supply-sides of service delivery, and conducts a cost-benefit analysis of the National HIV/AIDS Program over the last decade. Though the National HIV/AIDS Program was an ins
