



USAID
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A Bi-national Partnership against HIV: USAID Legacy in Mexico



HIV (Human Immunodeficiency Virus) has claimed more than 25 million lives. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS.) While there is no cure for HIV infection, effective treatment can control the virus. According to the World Health Organization, there were 35 million people living with HIV in 2012, but we are making progress. The number of new HIV infections dropped by 33% in 2012 compared to 2001, and AIDS-related deaths were reduced by 30% compared to 2005.

Joint Commitment

When the first AIDS case in Mexico was recorded in 1983, the U.S. Agency for International Development (USAID) was working with the Government of Mexico (GOM) to improve family planning and reproductive health services. HIV emerged as a global health threat that did not recognize borders. With strong ties between Mexico and the U.S. based on commerce, scientific exchange, and family relationships, it was in the interest of both governments to address the public health threat together. USAID assistance to improve the surveillance and prevention of HIV and other sexually transmitted infections in Mexico began in 1987, and significantly larger HIV and AIDS programs began in 1997. In 1999, USAID also began to support a tuberculosis (TB) program, spear-heading successful TB/HIV co-infection activities.

The Centro Nacional para la Prevencion y el Control del VIH y el SIDA (CENSIDA) is Mexico's national center for the prevention and control of HIV and AIDS. USAID's partnership with CENSIDA has yielded a rich public health legacy. The institutions mutually valued investing in

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leadership, supporting innovation, and reaching people who were highly vulnerable to HIV. These values laid a foundation for highly successful programs that contributed to stemming the epidemic and protecting the health and human rights of those affected by HIV. CENSIDA welcomed USAID support for strengthening civil society and a multi-sectoral response to the HIV epidemic. USAID fully committed to the Mexican Secretary of Health's call to action against HIV-related stigma and discrimination. The common understanding that strong surveillance, targeted research, and community engagement were necessary to provide high impact HIV services led to notable advances in the policy, healthcare and civic sectors.

USAID supported various government and non-government agencies in Mexico in their efforts to address the HIV epidemic for 20 years. In the most recent decade, – between 2003 and 2012 – USAID allocated US\$25 million for HIV programs in Mexico. Despite limited funding, USAID was considered a valuable partner in the fight against HIV and AIDS in Mexico.

Leadership Investments

Sustainability and country ownership of USAID programs were achieved through carefully planned investments in private, public, and civic leadership:

Consejo Nacional Empresarial sobre SIDA (CONAES)

CONAES was a successful example of USAID and CENSIDA engaging private sector resources to address both high level policy issues as well as tangible, day-to-day experiences of the average employee working in a factory or an office. While private sector managers were changing company policies and adding benefits for HIV-positive employees, CEOs were meeting with the U.S. Ambassador to Mexico and the Secretary of Health at high profile media events, making historical



U.S. Ambassador Antonio O. Garza, Minister of Health Julio Frenk, USAID Assistant Administrator Adolfo Franco, Mexico's National AIDS Program Director Jorge Saavedra and AIDS Responsibility Project Executive Director Abner Mason recognize Belen Espino of Merck Sharp & Dohme for its membership in CONAES on February 15, 2005.

Futures 2005

breakthroughs as they spoke out against HIV stigma and discrimination to the public. Although CONAES no longer exists, company policy changes in regards to HIV remain and a demand for additional workplace wellness programs grew out of the policy development work by CONAES. Business leaders moved on to support the Workplace Wellness and Prevention Council of Mexico which is a private sector initiative with almost 200 Mexico-based companies as members. (<http://www.wwpcmex.com>)

TB/HIV Co-infection

Another impactful investment in leadership supported by USAID was Mexico's TB and HIV testing program. TB/HIV co-infection is a well-known public health problem which often goes inadequately addressed because of funding silos and healthcare structures. With USAID funds, local TB and HIV programs were able to eliminate structural barriers and increase screening for both diseases through clinical norm modification and cross-training of healthcare professionals. This support helped elevate the priority of care for co-infections, strengthened referrals, and improved information systems between programs. The World Health Organization reported that the number of TB-related AIDS deaths in Mexico was reduced by 27% in 2012 compared to 2005. (www.who.int/tb/publications/global_report/en)



PSI/Mexico 2012

An HIV prevention community event

Community Leaders

USAID is also credited with successful long-term investments in community groups that, in their own time, became nationally recognized leaders. Over the course of the epidemic, USAID maintained relationships with various individuals and groups representing community interests, matching USAID support to the contemporary needs of leaders who possessed the emergent visions necessary to raise the bar on local and national responses to HIV.

Public Health Innovations

USAID and CENSIDA promoted innovation in the public health response to the HIV epidemic on several occasions. The GOM has been a global leader in the fight against HIV and AIDS. The partnership between USAID and CENSIDA resulted in Mexico's participation in three groundbreaking, transnational projects. The first was a regional study on HIV and migration spearheaded by the National Institute of Public Health (INSP). The second was the development of a conceptual framework for HIV-related stigma and discrimination. Finally, gender-based violence interventions for transgender women and men who have sex with men (MSM) were carefully piloted and implemented by public health clinics ahead of their time.

HIV and Migration

USAID contributed substantially to a transnational initiative to study HIV risk behavior among migrant and other mobile populations in Mexico and Central America. Throughout the late 1990s, research focusing on mobile populations in Sub-Saharan Africa demonstrated the extreme vulnerability of these groups to HIV infection and highlighted their importance to the epidemic globally. Mexico's location in the heart of multiple migratory and commercial trucking routes connecting Central America and the United States strongly suggested a need for further investigation among diverse mobile populations. USAID collaborated with CENSIDA, the Ford Foundation, and INSP in an innovative regional approach to study the risk behavior of these populations at key border crossings.

In Mexico, multiple quantitative and qualitative studies were conducted in the southern border cities of Chetumal and Ciudad Hidalgo. These studies described in detail the HIV vulnerability facing migrant and mobile populations at heavily traveled transit stations. The results of the studies were also used to design three Spanish and Mayan language



Studying Migration and HIV

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HIV prevention radio campaigns in Chetumal from 2003 to 2004. This research directly informed the Global Fund-supported “Proyecto Mesoamericano de Atención Integral al VIH en Poblaciones Móviles de Centroamérica”, through which INSP implemented HIV prevention, treatment, and care among youth, migrants, long-distance truck drivers and female sex workers in transit stations throughout Central America. Globally, these studies contributed significantly to the scientific knowledge base on migration and HIV. The results have been featured in multiple peer-reviewed journal articles and were included in a book entitled, *Social Response to Population Mobility and HIV and AIDS: Experiences in Central America and Mexico*.

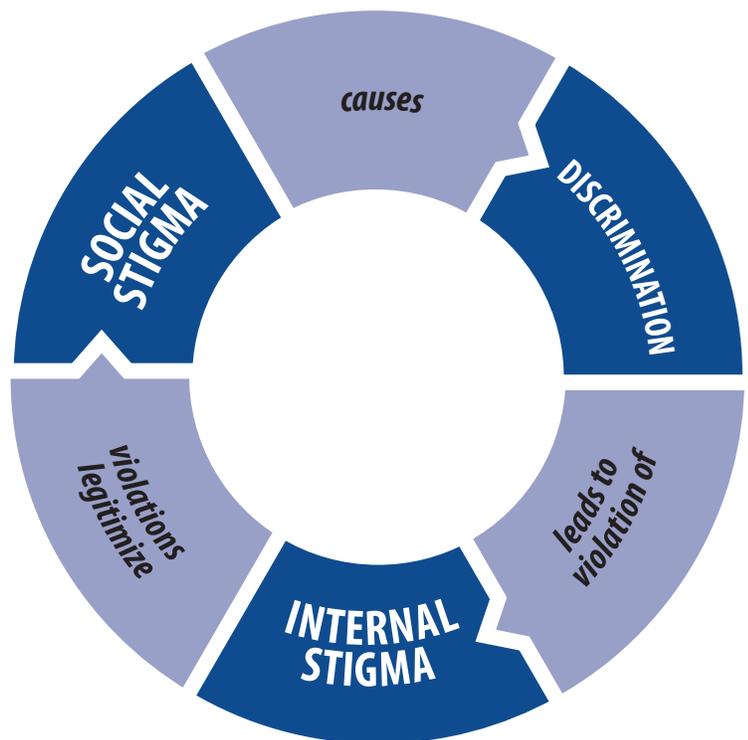
A Conceptual Framework for HIV-related Stigma and Discrimination

The Mexican Secretary of Health’s call to action against HIV stigma and discrimination at the International AIDS Conference in Barcelona (2002) was a catalyst for an exciting partnership between USAID and the Mexican government. USAID designed a transnational project with the aim of qualitatively and quantitatively describing HIV stigma and discrimination. Research in both Mexico and South Africa yielded important developments in understanding the causes and impact of stigma and discrimination in different cultural contexts.

Simultaneous mixed method studies were implemented in Mexico and South Africa. Building from the concept that stigmatization is a process that produces and reproduces power relations, studies in the two countries collected data from several sectors to explore the cycle of stigma and discrimination in contrasting country contexts. Surveys with People Living with HIV (PLHIV), healthcare providers, legal and policy environments, faith-based communities, and the media were conducted. Once the surveys were completed and the data analyzed, three key components emerged as important points in a cycle of HIV related stigma and discrimination: social

stigma, discrimination, and internal stigma. The HIV Stigma and Discrimination Framework served as a foundation for further research and targeted interventions to break the cycle. Two key lessons gained from the research were the need for comprehensive programs that address each point in the cycle and the importance of documenting the cultural context within which stigma and discrimination take place. Social norms concerning illness, death, sexuality, and drug use vary widely, as do power dynamics associated with gender, race, sexual orientation, class and economic status. USAID programs used these lessons and understanding of norms in policy and advocacy work across the country. The CONAES and PLHIV leadership initiatives applied this framework, as did the stigma and discrimination certification program for HIV clinics in Mexico.

The Cycle of Stigma and Discrimination



Gender-based Violence Interventions for MSM and Transgender Women in Public Clinics

Another example of CENSIDA and USAID supporting global innovation was the development and evaluation of a cutting-edge gender-based violence (GBV) screening tool for MSM and transgender women piloted in Mexico and Thailand in 2007. The GBV project came at a time when a growing body of evidence has found extremely high rates of physical and sexual violence against MSM and transgender women. For example, Joint United Nations Programme on HIV and AIDS (UNAIDS) (2009) estimated that two people a week were killed in Mexico because of their sexuality. There is some evidence that MSM and transgender women who have suffered physical or sexual abuse also report engaging in high-risk sexual behaviors, including increased numbers of sexual partners and unprotected anal intercourse. Studies also suggest that violence or fear of violence and discrimination may prevent MSM and transgender women from seeking health services. The screening tool and associated training supported by USAID were designed to increase provider sensitization to the issue and ensure linkages to essential services for people who have been victimized. The tool is currently being used by HIV clinics and other health providers in Mexico and has been widely disseminated in international fora, including the International AIDS Conference in 2008.

The USAID project initially trained 56 healthcare providers from the Centers for Care and Prevention of AIDS and STIs (CAPASITS) of Puerto Vallarta, Jalisco and from the CAPASITS of Ecatepec, Naucalpan, Tlalnepantla and Cuautitlan in the state of Mexico. The tool was tested at these sites from four to six weeks. Over 190 MSM and transgender women clients seeking HIV testing or HIV and AIDS related treatment and care services were screened at these sites. Upon completion of the pilot, additional health institutions replicated portions of the project. For example, an additional 74 health providers from five clinics in the state of Tamaulipas were trained in GBV and stigma and discrimination among MSM and transgender women at the direct request of the director of the CAPASITS in Tampico.



PSI/Mexico 2012

Luna Hernández is a 23 year-old transgender woman from Mexico City. She was trained by a USAID HIV project as a peer-educator and now works on various HIV projects in Mexico.

“Another thing is the ignorance about our rights. Often we are treated as if people are doing us a favor by giving us service. When this happens, the other person—the one supplying the service, be it a doctor, nurse or whatever—feels their power and takes advantage of the situation.”

—Eugenio, diagnosed in 1992

Reaching the Most Vulnerable People

USAID had a long, successful history with CENSIDA in reaching people most vulnerable to HIV. USAID prioritized working with PLHIV groups and forged strong, lasting partnerships that benefited HIV programs for decades. Through their work with PLHIV, USAID gained understanding of the importance of working closely with the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, together unraveling one layer of stigma after another to solve public health and human rights challenges facing these groups. Through program experience



Banners celebrate sexual diversity in Mexico City, D.F.

and systematic investigation, USAID and CENSIDA documented the role sex work and migration played in the epidemic and the context in which to address the epidemic. Together the institutions increased the general understanding of the role of mobile populations, risks associated with male versus female sex work, and risks associated with drug use, with special attention to People Who Inject Drugs (PWID). USAID's credibility with these communities led to sensitive, well targeted interventions that improved the quality of many lives in Mexico.

Surveillance for a Concentrated Epidemic

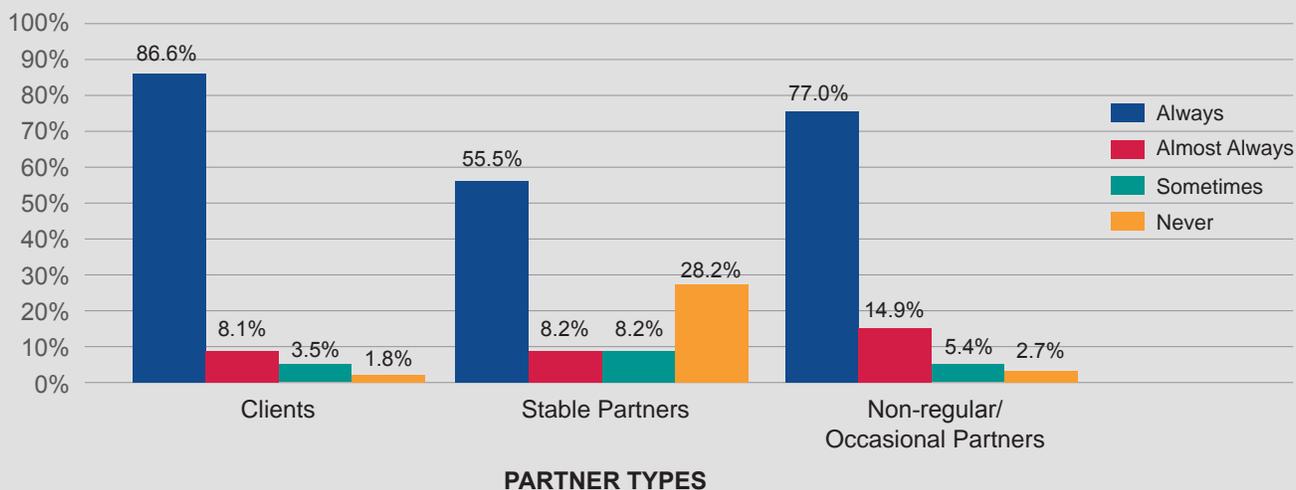
Through its various projects, USAID strongly supported the generation of strategic information about key populations to inform the national HIV response. CENSIDA, the Facultad Latinoamericana de Ciencias Sociales (FLACSO), and USAID developed the integrated Biological and Behavioral Surveillance Survey (BBSS) that was conducted between 2005 and 2007. The survey was built on Mexico's strong foundation of HIV/STI surveillance among key populations and introduced cutting-edge methodologies to produce more generalizable information on the high-risk behavior and HIV prevalence of key populations. In keeping with the recommendations of the UNAIDS second generation HIV and AIDS surveillance guidelines, the survey helped establish a system of seroprevalence and behavioral surveillance among key populations in Mexico. In general, a high HIV prevalence was found in male sex workers (15 percent) and MSM (10 percent) as compared to female sex workers (1 percent) and long distance truck drivers (0.6 percent). This information proved important for advocacy, program development and program planning purposes throughout Mexico.

A second round of BBSS was completed with support from the Global Fund in 2012 among MSM, Male Sex Workers (MSW), and PWID to track changes in HIV prevalence and risk behaviors (although different sampling methodologies were used). In that same year, USAID conducted a pioneering BBSS among transgender women in Mexico City, supporting the expansion of key population surveillance in Mexico.

DATA FOR REACHING THE MOST VULNERABLE PEOPLE

Between 2005 and 2007, CENSIDA, INSP, and USAID collaborated on surveys that collected HIV prevalence and risk behavior information among key populations using cutting-edge methodologies. These surveys are conducted every few years to provide CENSIDA with routine information on the prevalence of HIV disease and associated risk behaviors. In 2006, for example, HIV prevalence among male sex workers was found to be 15 percent. Survey results provided information on how often men who sell sex use a condom by partner type. This information can be used to tailor sexual health programs to the needs of men who sell sex.

Figure 3: Condom use by partner type among MSW in Acapulco and Monterrey, 2006



The BBSS with transgender women, implemented by the USAID, INSP and Mexico City’s Clinica Condesa, was the first of its kind in Mexico and Central America and one of only a handful in all of Latin America to focus on HIV risk among transgender women and sub-groups of this population. This study has provided an important foundation for planning HIV prevention among an extremely vulnerable and marginalized population. It also serves as a model for future studies in the region and in other low and middle income countries.

HIV Prevention for Key Populations

Combination Prevention has its roots in the documented prevention successes of National AIDS Programs in Uganda, Thailand and Brazil. The USAID HIV program in Mexico defined combination prevention as, “a combination of behavioral,

structural and biomedical approaches based on scientifically derived evidence.” USAID prevention projects supported community-based and clinic-based interventions for key populations.

For example, it is well known that detecting and treating sexually transmitted infections (STI) is proven to reduce individual risk of HIV infection and control the spread of HIV. In 2004, USAID supported the development of national treatment norms and the training of healthcare providers for sexually transmitted infections in six states, as well as renovations to the FLORA National Laboratory to improve STI diagnostic capabilities.

Another targeted intervention which yielded important results was the prevention of mother to child transmission (PMTCT) pilot program for women



Outreach workers demonstrating how to put on a condom.

who inject drugs or who have partners that inject. The Tijuana General Hospital (TGH) staff reported to USAID that 50 percent of pregnant women who deliver at the hospital do not receive prenatal care, the majority of HIV-positive pregnant patients are diagnosed during labor, and over 80 percent of those diagnosed with HIV are women who inject drugs or have a partner who injects. USAID partnered with the NGO Prevencasa in 2012 to reach more than 400 women who inject drugs. 20 of the women tested positive for HIV and 17 were successfully linked to care. 42 tested positive for syphilis and all of them were treated.

In 2012, the USAID Combination Prevention Project implemented an accompanied referral pilot to increase successful linkages to care after testing for HIV. In order to coordinate HIV prevention services and to guarantee program coverage throughout the city of Guadalajara and its surrounding areas, the USAID project established partnerships with five local Civil Society Organizations (CSOs). As part of the minimum package of services, outreach workers from the local CSOs accompanied participants interested in HIV testing to a community testing location. Those individuals who initially tested positive for HIV were accompanied to confirmatory testing and, if found to be HIV positive, to a healthcare provider to begin

HIV treatment as necessary. HIV positive participants were linked directly to care and support services, such as individual and group psychosocial support. Additionally, HIV positive participants were linked to prevention with positives programs and human rights education and services.

Complementing the clinic-based outreach, USAID prevention projects also provided assistance to CSOs reaching vulnerable populations with community-based condom promotion, behavior change communication, and policy change. In 2005, USAID focused on seven locations based on HIV/STI epidemiology, target population size, gaps in HIV prevention services, risk context and local support. The project narrowed its target populations to focus on MSM and Female Sex Workers (FSW) with secondary target groups of PWID and incarcerated populations. Grounded in Behavioral Change and Communication (BCC) best practices, the project adapted a series of HIV prevention interventions and messages to the Mexican context. Project interventions included face-to-face and online outreach, support groups, and communication campaigns. Between 2006 and 2010, USAID partnered with local organizations to implement over 53,000 HIV prevention activities and reached over 637,000 individuals from vulnerable target populations. USAID projects also established 132 non-traditional condom distribution sites, sold 38,497 branded condoms and distributed 30,528 free condoms. The condom education campaign, *Soy Shingon, siempre uso condon*, was supported by USAID at that time. An evaluation of this campaign found that MSM exposed to the *Shingon* campaign were more likely to use a condom at last sex and to carry a condom with them than MSM who were never exposed to the campaign.

Later, in 2010, USAID collaborated with CENSIDA and the Global Fund Project to serve MSM, Sex Workers, PWID, incarcerated people, and transgender women in 12 priority locations. USAID introduced cutting-edge, evidence-based behavior change interventions such as motivational

interviewing and Popular Opinion Leader. The Global Fund Project provided prevention materials such as condoms, safe injection equipment and HIV tests. From October 2010 through June 2012, the USAID project reached about 50,000 people through outreach and education interventions. It also introduced a strong social media component targeting MSM and transgender women, boasting 18,000 Facebook fans and 4,000 Twitter followers in 2013. (www.reacciona.mx)

Conclusion

USAID supported the objectives of the National Strategic Plan put forward by CENSIDA and successfully engaged with Mexican institutions from public, private and civic sectors. The USAID program model included activities to reduce HIV-related stigma and discrimination, build the capacity of civil society actors and organizations, foster a multi-sectorial response, provide strategic information, and improve the coverage and quality of HIV prevention interventions. The partnership between CENSIDA and USAID resulted in sustainable HIV leadership, a culture of innovation, and a commitment to the human rights of the people most vulnerable to HIV infection. ■

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