



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

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Executive Summary



At the time 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. Overtime, 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 Prevención y el Control del VIH/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 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 multisectoral response to the HIV epidemic. USAID fully committed to the 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.

For twenty years, USAID supported various government and non-government agencies in efforts to address the HIV epidemic. Between 2003 and 2012, USAID allocated 25 million

dollars for HIV programs in Mexico. While USAID financial support to HIV programs in Mexico was limited, USAID was considered a valuable partner in the fight against HIV and AIDS.

A joint commitment to addressing the HIV epidemic led to investments in leadership, such as:

- The Consejo Nacional Empresarial sobre SIDA (CONAES): CONAES as 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.
- The TB and HIV Testing Program: 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.
- Community Leaders: Over the course of the epidemic, USAID maintained relationships with 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.

USAID and CENSIDA promoted innovation in the public health response to the HIV epidemic at every opportunity, for example:

- Migration and HIV: USAID contributed substantially to an initiative to study HIV risk behavior among migrant and other mobile populations in Mexico and Central America. USAID collaborated with CENSIDA, the Ford Foundation, and the National Institute of Public Health (INSP) in an innovative regional approach to study the risk behavior of these populations at key border crossings.

- **A Conceptual Framework for HIV-related Stigma and Discrimination:** USAID designed a transnational project with the aim to qualitatively and quantitatively describe HIV stigma and discrimination. Research in both Mexico and South Africa yielded important developments in understanding the roots and application of stigma and discrimination in different cultural contexts.
- **Gender-based Violence Interventions for Men who have Sex with Men (MSM) and Transgender Women:** CENSIDA and USAID supported the development and evaluation of a cutting-edge gender-based violence (GBV) screening tool piloted in clinics in Mexico and Thailand. 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.

USAID had a successful history with CENSIDA in reaching people most vulnerable to HIV, for example:

- **Surveillance for a Concentrated Epidemic:** The HIV epidemic in Mexico has remained under 1%, which has led public health officials to engage targeted surveillance strategies. USAID strongly supported the generation of strategic information about key populations to inform the national HIV response.

- **HIV Prevention for Key Populations:** 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.

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 multisectoral 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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List of Acronyms

| | | | |
|----------|--|---------|--|
| AIDS | Acquired Immunodeficiency Syndrome | IHAA | International HIV/AIDS Alliance |
| ARV | Antiretroviral Treatment | IMSS | Instituto Mexicano de Seguro Social |
| BBSS | Biological and Behavioral Surveillance Survey | INSP | Instituto Nacional de Salud Publica |
| BCC | Behavior Change and Communication | MCG | Multisectoral Citizen Groups |
| CAPASITS | Centros Ambulatorios de Prevención y Atención en SIDA e ITS | MSM | Men Who Have Sex with Men |
| CENSIDA | Centro Nacional para la Prevención y el Control del VIH/SIDA | MSW | Male Sex Workers |
| CEO | Chief Executive Officer | NGO | Non- Governmental Organization |
| CONAES | Consejo Nacional Empresarial sobre SIDA | PEP | Post-Exposure Prophylaxis |
| CONASIDA | Consejo Nacional para Prevención y Control del SIDA | PLHIV | People Living with HIV |
| CSM | Condom Social Marketing | PMTCT | Prevention of Mother to Child Transmission |
| CSO | Civil Society Organization | POL | Popular Opinion Leader |
| FEMAP | Federación Mexicana de Asociaciones Privadas | PWID | People Who Inject Drugs |
| FLACSO | Facultad Latinoamericana de Ciencias Sociales | RDS | Respondent Driven Sampling |
| FSW | Female Sex Workers | REDUMEX | Red Mexicana de Reduccion de Daños |
| GBV | Gender Based Violence | STI | Sexually Transmitted Infections |
| GOM | Government of Mexico | SW | Sex workers |
| HIV | Human Immunodeficiency Virus | TB | Tuberculosis |
| ICW | International Community of Women Living with HIV | TGH | Tijuana General Hospital |
| | | TRaC | Tracking Results Continuously |
| | | USAID | United States Agency for International Development |

Introduction



The United States Agency for International Development (USAID) supported health programs in Mexico between 1978 and 2013. During the 1980s, USAID assistance to the Government of Mexico (GOM) and to non-government agencies based in Mexico mainly focused on improving family planning and reproductive health services. Population programs were of global importance at the time, and Mexico, for example, had a 3.3% population growth rate in 1970, which decreased to 1.8% by 1999. Population and family planning assistance was phased out between 1992 and 1999, utilizing a strategy that reduced assistance over time and allowed for a gradual increase in self-sufficiency across all sectors (2).

As the need for family planning support decreased, assistance to the government and civil society to control the spread of infectious disease increased. The partnership between USAID and the GOM in response to the HIV and AIDS epidemic began as the first cases of AIDS were identified. USAID was working with the GOM to improve family planning and reproductive health services at the time AIDS was identified in 1982 and the first AIDS case in Mexico was recorded in 1983. USAID assistance to improve the surveillance and prevention of HIV and other sexually transmitted infections in Mexico began in 1987 (3) and significantly larger HIV and AIDS programs began in 1997 (4). In 1999, USAID also began to support a tuberculosis program, spear-heading a successful TB/HIV co-infection project (5). HIV emerged as a global health threat that did not recognize borders. With strong ties between Mexico and the U.S. based on commerce, educational and scientific exchange, and family relationships, it was in the interest of both governments to address the public

health threat together. All USAID support to health programs in Mexico ended with the close of the tuberculosis program in 2012 and the close of the HIV and AIDS program in 2013. USAID supported various government and non-government agencies in efforts to address the HIV epidemic for twenty years.

The legacy review of the USAID Program in Mexico is an analysis of the agency's contribution to the national HIV response. The objective of the review is to document and examine the results of USAID partnerships, public health approaches, and project achievements over the life of the program with an emphasis on the last 10 years. The audience for this report comprises HIV program staff and policymakers, funding agencies, and community leaders. The report will be in English and Spanish. The authors conducted a thorough document review, which included 30 project reports. Eighteen stakeholders from several sectors participated in key informant interviews between January and March 2013. They provided a diverse set of viewpoints about USAID program strategy, milestones, successes and limitations. Previous USAID contractors assisted the authors in compiling a list of local partners that received USAID support in the last 10 years. The list includes the name of the organization, activity type, level of funding, and beneficiary population. Finally, the authors conducted field visits to Guadalajara and Mexico City in January 2013. This report presents the USAID program model, key activities, resources, beneficiary populations, strategic alliances, and the legacy left behind by the USAID supported HIV projects in Mexico.

The HIV Epidemic and National Response in Mexico



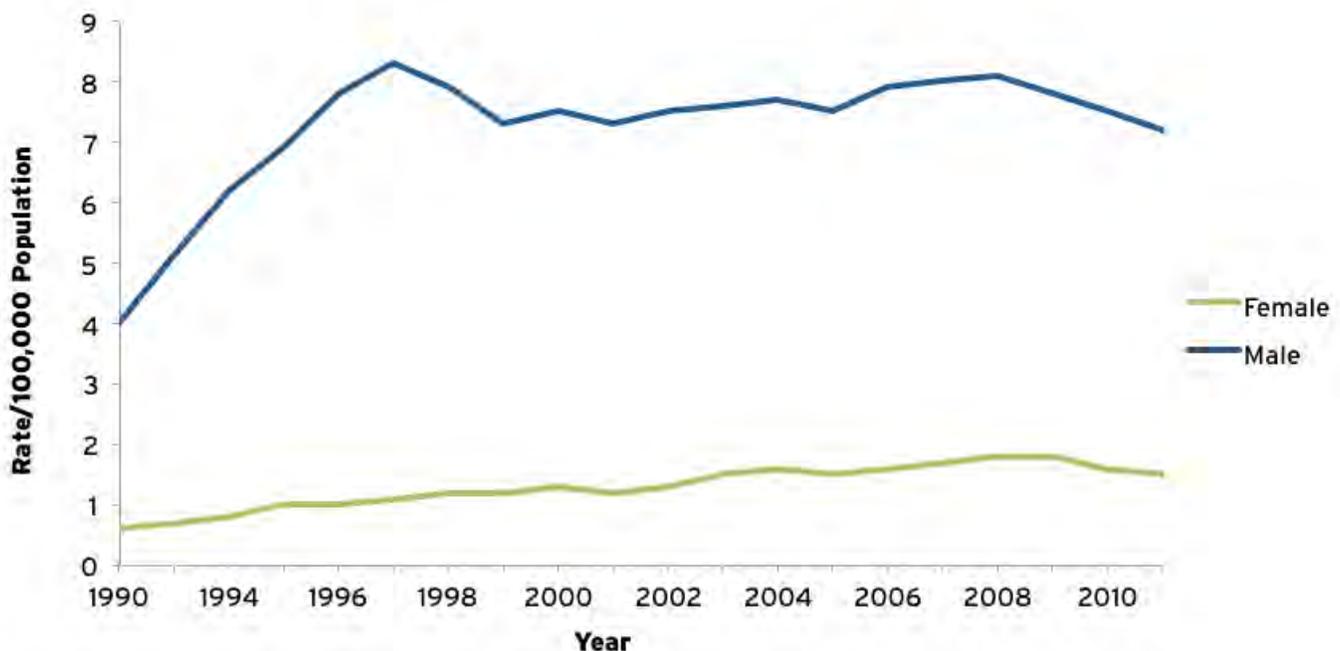
Mexico has one of the lowest HIV prevalence rates in Latin America, ranking 17th regionally (CENSIDA, 2012a). UNAIDS and CENSIDA estimate that Mexico's HIV prevalence for 2011 was well below one percent (0.24 percent), with nearly 180,000 People Living with HIV (PLHIV). Although Mexico's general prevalence of HIV is low, much higher rates are found among a few groups that are most vulnerable to HIV exposure. This situation meets the classic definition of a concentrated HIV epidemic, which is characteristic to most of the region. The common risk factors contributing to HIV exposure among these groups is discussed in detail below.

NATIONAL HIV TRENDS

According to Mexico's National AIDS Register, there were over 209,000 reported cases from 1983 to 2012, of which

nearly 43,000 cases were HIV positive. A majority of the HIV and AIDS cases in Mexico are men; in other words, for every female PLHIV there is estimated to be between three and four male PLHIV. The majority of Mexico's AIDS cases have been reported in Mexico City (16 percent), and the states of Mexico (11 percent), Veracruz (9 percent), Jalisco (8 percent) and Puebla (5 percent). Sexual transmission accounts for over 90 percent of HIV infections among both men and women in Mexico. CENSIDA reports that bisexual or homosexual sex accounted for approximately 50 percent of HIV transmission among men. Improvements have been documented over the course of the epidemic. In the last five years, the AIDS mortality rate dropped three percentage points and HIV infection from blood transfusions and perinatal transmission has almost disappeared.

Figure 1. Male to Female AIDS ratio (1997–2012)



KEY POPULATIONS AT HIGHER RISK OF HIV EXPOSURE

Mexico's HIV epidemic is concentrated primarily among vulnerable populations, including men who have sex with men (MSM), transgender women, people who inject drugs (PWID), and sex workers (SW). Some of the highest HIV prevalence rates in Mexico are found among MSM. The 2011 baseline study for Mexico's Global Fund Round 9 Project found a prevalence of nearly 17 percent within this population. A similar study conducted by CENSIDA in the states of Mexico, Jalisco, and Veracruz showed a prevalence of just over 12 percent among MSM in 2012.

Transgender women are little studied, yet represent a highly vulnerable and marginalized population in Mexico and throughout the region. A 2012 integrated biological and behavioral surveillance study among transgender women in Mexico City found high HIV prevalence rates among different sub-samples of the population (6). HIV prevalence was 20 percent among participants recruited at known transgender women venues. Nearly one-third of the transgender women recruited from prison (32 percent) were HIV positive.

Injection drug use is also a high risk behavior for HIV exposure and is most prevalent in Mexico along the northern border with the United States. The 2011 Global Fund baseline survey found HIV prevalence among PWID to range between four percent (Tijuana) and seven percent (Ciudad Juarez) (7). A study of 1,056 PWID in Tijuana conducted between 2006 and 2008 found 4 percent prevalence among male injectors and 10 percent prevalence among female injectors (8).

People who participate in sex work are also at increased risk for HIV in Mexico. The 2011 Global Fund study found a prevalence of 18 percent among male sex workers (MSW). In contrast, HIV prevalence among female sex workers (FSW) has shown to be much lower (7). The 2012 CENSIDA study found a prevalence of less than one percent among FSW. Importantly, research on the US-Mexico border highlights the emerging HIV epidemic in this area and cautions that dramatic regional differences may exist in terms of HIV

The term men who have sex with men (MSM) emerged from HIV research and practice. Rather than defining the population based on sexual orientation (gay, bisexual, heterosexual), this term focuses on sexual behavior. This definition de-emphasizes one's identity and is more inclusive of men who do not consider themselves gay/homosexual, but have sex with other men.

The term transgender has evolved to be an umbrella term to describe the identities and experiences of individuals who do not conform to traditional categories of sex and gender. Transgender woman is a common term for people born biologically male with female identification and/or expression.

prevalence among Mexico's key populations (9). A study completed in 2006 in Tijuana and Ciudad Juarez found an HIV prevalence of eight percent among FSW and 12 percent among FSW who injected drugs (8).

While less is known about the HIV prevalence of migrants and other mobile populations, they are generally considered to be vulnerable to HIV infection. National surveillance data suggest migration to the United States is associated with increased HIV infection and contributes to increased HIV prevalence in rural areas (10). One third of all AIDS cases in Mexico have been diagnosed in the states with the highest rates of emigration to the United States. Evidence shows that male Mexican migrants to the United States are more likely to report HIV risk behavior compared to non-migrants. However, there is limited information to confirm higher HIV prevalence among these groups.

THE NATIONAL RESPONSE TO HIV AND AIDS

The coordination of Mexico's public, private, and civil society response to HIV and AIDS is led by The National AIDS Council (CONASIDA). Mexico's decentralized health system places the programmatic responsibility for HIV and other Sexually Transmitted Infections (STI) prevention and control at the state level.

Mexico's National HIV and AIDS and STI Program Plan (2007-2012) establishes the overall framework, strategies, activities, goals, and indicators of the national response (1). The plan has an overall goal of reducing the growth and effects of the HIV and AIDS epidemic by increasing the access of all people, including key populations, to prevention and treatment services through a multisectoral approach. The plan's action areas include:

1. HIV prevention among the general population, with emphasis on key populations and the prevention of vertical transmission
2. Prevention and control of STIs through timely detection, effective treatment, modernized information systems and trained health personnel
3. Provision of integrated health services to PLHIV, such as HIV testing, medical treatment, psychological support, and prevention
4. Strengthening of sexual health promotion activities in collaboration with the Secretary of Public Education
5. Reducing stigma, discrimination, human rights violations and homophobia against key populations
6. Strengthening the multisectoral response to HIV and AIDS in Mexico

Mexico's sustained national response has resulted in a number of achievements. In terms of HIV treatment and care, the Ministry of Health operates 70 specialized Centers for Care and Prevention of AIDS and STIs (CAPASITS) nationwide

(11). Mexico committed to universal access to Antiretroviral Treatment (ARV) in 2003, and began to provide free ARVs to people without social security through the Catastrophic Funds of its Seguro Popular Program. By the end of 2011, Mexico reached 85% treatment coverage (70,000 people on ARVs,) a 20 percentage point increase from the estimated coverage in 2000 (64 percent) (11). In addition to ARVs, the Seguro Popular Program finances viral load, CD4, and genotype testing in line with the new national Guide for ARV Management for People Living with HIV and AIDS (7). In 2011, 88 percent of adults and children with HIV continued treatment 12 months after beginning on ARVs.

Following the National Action Plan, CENSIDA worked to strengthen HIV prevention activities to reduce HIV incidence among key populations. In 2011 it provided approximately 40 thousand dollars to finance 100 projects that benefited MSM, SW and other key populations in 20 states. The Global Fund Round 9 Project augmented state level distribution of prevention materials with additional distribution of male condoms, lubricants, and harm reduction kits in targeted metropolitan zones. Distribution is designed to reach MSM, men and women who sell sex, PWID, and PLHIV and their sex partners. Women and their infants are benefiting from a National Action Plan for the Prevention of the Vertical Transmission of HIV and Congenital Syphilis proposed by CENSIDA. For example, CONASIDA is coordinating public sector institutions to standardize procedures and assign budgetary resources to increase the coverage of pregnant women reached with HIV testing.

USAID Program Model



In support of the objectives put forward by CENSIDA to address the HIV and AIDS epidemic in Mexico, USAID supported activities designed to prevent HIV, reduce disease related stigma, homophobia, discrimination, and human rights violations, and strengthen the multisectoral response to HIV and AIDS in Mexico, with a special emphasis on strengthening civil society. USAID leadership consistently engaged with Mexican institutions in productive partnerships that leveraged small amounts of bilateral assistance funds with the needs and strengths of local private, government and civic organizations. It is important to note that USAID management was widely respected by Mexican counterparts for strong bilateral partnerships and evidence-based programming.

Attention to stigma, discrimination and the protection of human rights was the focus of the USAID HIV program for more than a decade. USAID supported activities designed to address the cycle of internalized stigma, social stigma, and discrimination based on one's HIV status, gender, sexuality or social status. USAID programs offered supportive interventions for individuals designed to reduce internalized stigma and structural interventions to reduce stigma and discrimination in the healthcare, legal, education and media systems in Mexico. Activities were both broad-reaching and specific in nature, capturing the imagination of the average citizen, standing behind those affected by the disease, engaging local community leaders, and discovering leaders of national importance ready to "break the silence."

Civil society actors and organizations representing affected communities participated in capacity building efforts aimed to improve leadership and advocacy skills, organizational

development, and technical capacity to enable the expansion of prevention activities, policy change, and government sector accountability. Through these efforts to strengthen civil society, USAID played a significant role in enabling a true multisectoral response at the local and national levels. Concurrently, USAID supported capacity development for the government sector, such as public clinics and governing agencies, and for the private sector such as law firms, media professionals and corporate businesses. USAID projects sought out opportunities to foster collaboration between actors that did not ordinarily coordinate their efforts.

The focus USAID placed on key populations is well grounded in the epidemiological evidence gathered by CENSIDA. USAID contributed to this body of evidence with research projects designed to identify the most vulnerable people in geographic areas with the highest burden of disease. Additional research described the social characteristics of key populations, such as PLHIV, MSM, transgender women, SW, and PWID. Other USAID supported research explored the feasibility of interventions or evaluated the performance of programs.

USAID projects implemented targeted healthcare system interventions to improve access to prevention services, and partnered with civil society organizations to provide direct provision of community-based HIV prevention services to people most vulnerable to infection. Peer education and community outreach were cornerstones of the USAID program. Prevention strategies evolved over the course of the epidemic, with USAID consistently seeking out and employing state of the art approaches to control the spread of HIV.

RESOURCES

Between 2003 and 2012, USAID allocated 25 million dollars for HIV programs in Mexico. While USAID financial support to HIV programs in Mexico was limited, USAID was considered a valuable partner in the fight against HIV and AIDS.

BENEFICIARY POPULATIONS

USAID's HIV program reached both highly vulnerable populations and groups important to fulfilling its strategic vision. USAID's prevention, human rights and leadership activities served PLHIV, MSM, transgender women, SW, and PWID. Beneficiaries of USAID programs also included professional groups that were critical to facilitating key structural changes and increasing the impact and sustainability of USAID's investments. USAID programs targeted health care personnel for a number of capacity building and health systems interventions. In efforts to reduce HIV stigma and discrimination among the general public, USAID focused directly on private sector professionals, such as journalists, lawyers, and corporate business managers. HIV program managers in government institutions and civil society organizations also benefited from USAID support to build their capacity to address HIV in Mexico.

Program Activities to Reduce HIV-related Stigma and Discrimination



In an address to the International AIDS Conference in Barcelona in 2002, Mexico's Secretary of Health challenged international experts to address stigma and discrimination and made a commitment to closely monitor the issue in Mexico. USAID provided significant assistance in the area of HIV-related stigma and discrimination. From 2002 to 2004, the USAID Policy Project supported formative research to better understand HIV stigma in Mexican society, ultimately developing a framework for addressing HIV related stigma and discrimination in Mexico. The Stigma and Discrimination Framework is composed of three parts: internalized stigma, social stigma, and discrimination. Following the diagnostic phase, the USAID Policy Project and CENSIDA implemented interventions that addressed the components of the framework with HIV-positive people, medical professionals, journalists, lawyers, teachers and corporate business managers. The outcomes of these interventions were clearly identifiable changes in the policy and healthcare environments supporting people living with, affected by, and vulnerable to contracting HIV.

DIAGNOSING STIGMA AND DISCRIMINATION

During the diagnostic phase, The USAID Policy Project worked with the National Institute of Public Health (INSP) researchers to conduct a comprehensive study to better understand HIV-related stigma. This research included four components: 1) a study to explore internalized stigma among PLHIV using 30 peer-led in-depth interviews 2) a study of stigma and discrimination in healthcare settings consisting of 36 in-depth patient interviews and a quantitative survey of 373 health professionals who worked in hospitals and health clinics in Yucatan, Estado de Mexico, and Mexico City, 3) a legal analysis of the laws and policies that supported discrimination and contributed to stigma, and 4) a study of media images from 12 newspapers over 12 months which included

907 articles and 298 images with HIV and AIDS as a central theme, depicting PLHIV, and/or depicting MSM.

ADDRESSING INTERNALIZED STIGMA

The diagnostic phase was completed in 2004 and USAID's Policy Project developed a core package of public health interventions organized underneath the Stigma and Discrimination Framework. One of the most successful and tangible interventions implemented under this framework was the PLHIV Policy Champions activity. PLHIV attended workshops to explore their personal struggles with stigma and were provided leadership development opportunities. Later, some of the participants, or Champions, were trained and hired to implement project activities. PLHIV Policy Champions conducted community research and implemented interventions with other PLHIV and vulnerable populations, supported training opportunities for public and private sector professionals, and also worked with grassroots organizations advocating for universal access to treatment and monitoring human rights violations (12, 13).

HIV STIGMA SENSITIZATION

In order to address social stigma and discrimination, USAID supported interventions within the healthcare system as well as targeted interventions designed to impact the legal, education and media systems in Mexico. Education and healthcare systems were supported with trainings for key personnel. USAID's Policy Project and CENSIDA developed a stigma and discrimination curriculum for CAPASITS healthcare workers. The workshops continue to be implemented by CENSIDA, and CAPASITS teams are expected to renew their stigma and discrimination certificates routinely. Later Homophobia Reduction Kits and trainings on Transphobia were also made available to healthcare providers with support

from the USAID Combination Prevention Project. USAID also introduced a school curriculum focused on implementing science-based sex education in the classroom. The Policy Project trained professors at Teacher Training Centers in Veracruz and Mexico City in order to disseminate the curriculum (13, 14).

Local organizations addressing social stigma and the protection of human rights were engaged by USAID projects to train lawyers and journalists. Lawyers were taught to represent PLHIV who had experienced human rights violations, and journalists were educated on basic HIV information, stigmatizing images and messages, and discrimination related to HIV status. CENSIDA currently assumes responsibility for the HIV trainings for journalists in collaboration with LetraS. A law firm, Medilex, continues to support HIV-related legal cases, as well.

USAID engaged the private sector with high-profile media events promoting an HIV coalition of large businesses located in Mexico such as Ford Motor Company, Eli Lilly, GlaxoSmithKline, and FedEx. With support and recognition from the Secretary of Health and the U.S. Ambassador to Mexico, these businesses and others formed a National Business Council on AIDS (CONAES). Business leaders

Local Policy Changes in Mexico

- Chihuahua changed their civil code to allow PLHIV to marry. (2007)
- Yucatan changed their civil code to allow PLHIV to marry. (2008)
- Yucatan allowed HIV as a cause of death to be omitted from death certificates. (2008)
- Mexico City's Chamber of Deputies passed a law allowing transgender persons to change the gender on their birth certificates. (2008)
- Mexico City passed hate crime legislation. (2009)
- Puerto Vallarta revoked a fraction that enabled police to discriminate against people suspected of "abnormal behavior." (2009)

publically denounced HIV stigma and discrimination and led policy changes within their companies. Since its founding in 2004, all 26 CONAES members have adopted HIV workplace policies or incorporated HIV status into nondiscrimination policies. CONAES also offered support to other sectors by providing an active representative on Mexico's Country Coordinating Mechanism (the multi-stakeholder partnership that oversees Global Fund grant implementation).

DECREASING DISCRIMINATION AND IMPROVING HUMAN RIGHTS

Change came quickly once PLHIV Champions and professionals from various sectors were able to identify HIV stigma and discrimination and support human rights. By 2006, 76 percent of people who needed HIV treatment were receiving antiretroviral therapy. Medilex and LetraS published a manual on human rights violations for PLHIV. Medilex and other local HIV organizations won a landmark decision with the Mexican Supreme Court to re-instate 11 soldiers who were dismissed from the military for their HIV positive status in 2007. In that same year, Mexico's National Commission on Human Rights published the paper, "Women, HIV and AIDS and Human Rights," shifting the policy dialogue to increase the focus on HIV-positive women's issues. And in 2008, CONAES and the civil society organization, Salud y Justicia, worked with IMSS (Instituto Mexicano de Seguro Social) to formalize an agreement supporting HIV prevention programs in the workplace.

Due to decentralized governance in Mexico, state laws are of ultimate importance in decreasing discrimination and supporting human rights. Several state laws and policies were changed over the course of the USAID Policy Project. Each of these law and policy modifications aimed to decrease HIV stigma or associated social stigmas. According to the Stigma and Discrimination Framework, decreasing social stigma and discrimination also enables decreases in internalized stigma, thereby contributing to the protection of human rights, and improved access to HIV prevention and care services for the sick and vulnerable.

Program Activities to Build the Capacity of Civil Society Organizations (CSOs) and Foster a Multisectoral Response to HIV and AIDS



For nearly 20 years, USAID supported civil society's contributions to the national HIV response. USAID provided opportunities for civil society actors and organizations to improve their leadership, advocacy, administrative, and research capabilities. USAID partnered with key organizations, such as Mexicanos contra el SIDA and Colectivo Sol, to design organizational development tool kits, host training workshops, and provide technical assistance to civil society groups concerned with HIV and AIDS. USAID fostered the transition of community groups into legal non-profit organizations that implemented culturally appropriate public health interventions benefiting key populations vulnerable to HIV. As civil society organizations grew stronger, USAID provided assistance to state-level Multisectoral Citizen Groups (MCGs) to facilitate collaboration between civil society and the public sector. MCGs organized various local activities, including civil society-led capacity building opportunities for local public service providers. USAID also supported civil society networks such as IMPULSO, Red de Mujeres Mexicanas Positivas Frente a la Vida, and REDUMEX (Red Mexicana de Reducción de Daños) in order to build upon local efforts and encourage national level advocacy and policy change.

SUPPORT FOR ORGANIZATIONAL DEVELOPMENT

In the early 1990's USAID and Mexicanos contra el SIDA, a confederation of 22 HIV prevention CSOs, sponsored a series of workshops on program administration, evaluation, and sustainability in three states. These early organizational development efforts were followed by a five-year CSO strengthening project implemented by the International HIV and AIDS Alliance (IHAA) in collaboration with Colectivo Sol. The goal of the project was to improve the strategic planning, communication, and management capacities of Mexican CSOs. USAID adapted IHAA's standard approach

to fit the Mexican context and developed several toolkits to build CSOs' organizational capacity. After participating in the capacity building activities offered by USAID, the CSO Ave de México, for example, grew from a staff of two in 1998 to a team of 10 in 2001. Ave de México continues to be a leader in HIV and sexual health programs today (15).

USAID also supported trainings on financial management and proposal-writing for CSO managers. This support contributed to successful grant awards to local organizations, including a Ford Foundation grant awarded to the International Community of Women Living with HIV (ICW) office in Mexico in 2008 and about 450 thousand dollars in CENSIDA grants to 12 CSOs in 2009 (16). USAID also supported the formal registration of various CSOs over the years; the most recent were four HIV prevention organizations in Ciudad Juarez, Mexicali, Veracruz, and Mexico City. Between 2003 and 2013, USAID projects trained CSO personnel from dozens of organizations on technical or scientific skills such as state of the art HIV prevention approaches, project monitoring and evaluation, and the implementation of qualitative research (4, 14, 17).

SUPPORT FOR MULTISECTORAL CITIZEN GROUPS (MCGS)

To complement the organizational development of CSOs, the first three MCGs were established in the states of Yucatan, Guerrero, and Mexico with support from the USAID Policy Project. The overall goal of the MCG project was to support the government's effort to enhance the quality and sustainability of HIV and AIDS services through the active participation of a wide variety of actors, including PLHIV, CSO leaders, journalists, teachers, health care providers, local public officials, and the general public. By 2002, these MCGs proved effective in overcoming local conflicts and building coalitions between civil society groups and first line service

providers. The technical assistance provided to the MCGs focused on grassroots coalition building rather than high level policy change. Project activities facilitated collaboration between public and private sector actors. For example, a MCG was established in the state of Yucatan in 1998. The first activity supported by the group was a five-day training course for healthcare personnel on human rights, gender, welfare issues, and recommended medical protocols for HIV and AIDS. The training was sponsored by 22 companies and 140 participants paid a small fee to participate. The group later supported dialogue opportunities between health sector personnel and civil society groups, a large HIV prevention campaign for the urban transport sector, and advocacy efforts to change existing laws to better protect PLHIV. Groups in other states supported similar activities such as public information and education campaigns (school programs, local concerts and radio programs) and training programs for medical personnel to improve access to and quality of HIV clinical services (18).

NETWORKING LOCAL LEADERS

Important leaders emerged from various USAID HIV projects, such as Policy Champions, MCGs, and the CSO Strengthening Project. As mentioned earlier, USAID-funded projects supported the development of important networks that linked CSOs and community leaders with overlapping interests and agendas. For example, the USAID Health Policy Initiative, which followed the USAID Policy Project, helped to formally establish the Red de Mujeres Mexicanas Positivas Frente a la Vida, a network that connected women living with HIV throughout Mexico. The network advocated for issues affecting their community. A leading member of Red de Mujeres Mexicanas Positivas Frente a la Vida, Nizza Picasso, was named representative to the AIDS 2008 Community Program Committee, a high-ranking decision-making body for the Global

AIDS Conference. Sonia González, one of the founders of the network, was elected to Mexico's Global Fund Country Coordinating Mechanism. As a part of a larger workplace policy activity, the USAID Health Policy Initiative provided assistance to an NGO network, IMPULSO. IMPULSO provided its member organizations with opportunities to work with large corporations to improve work place environments for PLHIV. (13). Similarly the Combination Prevention Project supported the creation of REDUMEX, a network of PWID-serving organizations, activists and researchers, to promote and advocate for the integration of harm reduction approaches into HIV interventions for PWID. Guadalupe Muñoz, on REDUMEX's Board of Directors, was appointed to the Global Fund Country Coordinating Mechanism. Together, network organizations improved overall access to safe injection equipment for HIV prevention. The network established a small commodity bank for network member organizations to purchase safe injecting equipment for their programs and successfully advocated for inclusion of safe injection equipment in the essential commodities list for the Mexico Global Fund grant. These networks strengthened the role of CSOs and community leaders in the national HIV response (17).

As local CSOs and national networks became stronger partners in state and national responses, social stigma associated with the disease diminished and HIV programming improved. Public, private, and civil sectors were led by CENSIDA to collaborate on important projects such as Universal Access to Treatment for All, Global Fund grant administration, expanding the number of health clinics and workplaces with environments free of stigma and discrimination, and identifying and engaging highly vulnerable groups such as transgender women. CENSIDA's dedication to a multisectoral response enabled all voices to be heard, and with USAID support, the community leaders were able to come to the table.

Program Activities to Provide Strategic Information on Key Populations



EPIDEMIOLOGIC SURVEILLANCE OF KEY POPULATIONS

Throughout its projects, USAID strongly supported the generation of strategic information among key populations to inform the national HIV response. An important accomplishment undertaken by CENSIDA and The Facultad Latinoamericana de Ciencias Sociales (FLACSO), and USAID was the integrated Biological and Behavioral Surveillance Survey (BBSS) that was conducted between 2005 and 2007. The survey built on Mexico's strong foundation of HIV/STI surveillance among key populations and introduced cutting-edge methodologies, such as Respondent Driven Sampling (RDS), to produce more general information on the high-risk behavior and HIV prevalence of key populations. In keeping with the recommendations of the UNAIDS/WHO 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 MSW (15 percent) and MSM (10 percent) as compared to FSW (1 percent) and long distance truck drivers (0.6 percent). This information proved important for advocacy, program development and program planning purposes throughout Mexico; for example, the data was used as part of the baseline of Mexico's Round 9 Global Fund Project (19).

A second round of BBSS was completed with support from the Global Fund in 2012 among MSM, 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. A systematic review and meta-analysis of HIV seroprevalence studies among transgender women showed that nearly 20 percent of that population worldwide was infected with HIV (20).

Although transgender women have unique health needs and distinct HIV risk behaviors, epidemiologically they have been treated as a sub-group of MSM. Under these circumstances sample sizes are often too small to disaggregate the results and reveal the needs of this population. The BBSS, implemented by the USAID Combination Prevention Project, INSP and Mexico City's Clinica Condesa, was the first of its kind in Central America and Mexico 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 (21, 22). 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 other low and middle income countries.

APPLIED BEHAVIORAL RESEARCH

Throughout the duration of the HIV program, USAID funded many research activities designed to inform prevention programs in Mexico. A list of notable projects follows: The USAID AIDSTECH Project conducted a survey among bisexual men to examine sexual risk behavior in 1990; the USAID IMPACT Project conducted HIV and STI prevalence studies in six states between 1997 and 2001. The MEASURE Evaluation Project conducted a PLACE study in Chetumal and Ciudad Hidalgo to identify outreach locations that were likely to have high rates of HIV infection and where HIV prevention programming could be implemented in 2001. USAID provided support to a regional study, Mobile Populations and HIV and AIDS in Central America, Mexico, and the United States, which aimed to understand the HIV risk behavior of migrant and mobile populations. The research project took place between 2001 and 2005 with support from USAID between 2001 and 2003 (4). An ethnographic study of sexual risk taking and health service needs of young MSM

in Mexico City and Veracruz was conducted by the IMPACT Project and Colectivo Sol in 2003. The IMPACT Project and the CSO Afluentes conducted a study on the acceptability of female condoms among women generally and among female sex workers in 2005 (4). The Combination Prevention Project conducted a qualitative study in Mexicali, Mexico City, and Veracruz to learn more about MSM sub-groups, including where and how non-gay identifying MSM socialize and find sexual partners in 2010. In the same year, a mapping study of injection drug use gathering places in Hermosillo, Sonora was conducted. In addition, a total of three quantitative “Tracking Results Continuously” (TRaC) surveys were conducted among MSM to measure trends in condom use and other sexual behaviors, allowing USAID projects to measure the outcomes of prevention activities. (14, 17).

Program Activities to Promote High Quality HIV Prevention Services



USAID projects engaged highly vulnerable communities in the implementation of prevention interventions designed to effect structural change, individual behavior change, and individual use of clinical services. As far back as 1989, the USAID AIDSTECH Project, in coordination with FEMAP (Federación Mexicana de Asociaciones Privadas), implemented a community-based peer education program for male and female sex workers and MSM in Ciudad Juarez. In 2003, The IMPACT Project reported reaching 9,740 individuals from mobile population groups and 1,300 MSM through peer education in collaboration with INSP and local NGOs (4).

INCREASING COVERAGE OF CONDOM PROMOTION AND BEHAVIOR CHANGE INTERVENTIONS

Over the last decade, USAID increased the commitment to HIV prevention coverage among vulnerable populations through condom promotion, behavior change communication, and policy change. The goal of the Behavior Change and Communication (BCC) Project was to promote healthy behaviors that reduce HIV and STI transmission in select geographic areas and among high risk groups.¹ During the first two years, the BCC Project developed selection criteria for choosing geographic locations. The project focused on seven locations based on HIV/STI epidemiology, target population size, gaps in HIV prevention services, risk context and local support (1). The project narrowed its target populations to focus on MSM and FSW with secondary target groups of PWID and incarcerated populations (14). Grounded in 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, the BCC Project implemented over 53,000 HIV prevention activities and reached over 637,000 individuals

USAID/Mexico conducted an evaluation of the impact of exposure to BCC activities on MSM, using propensity score matching. The evaluation found positive impacts associated with exposure to project campaigns and other interventions: (1)

- HIV Testing: MSM exposed to the BCC activities were more likely to have tested for HIV in the past 12 months compared to non-exposed MSM (76.5% vs. 14.9% respectively).
- Condom use at last sex: Exposure to project activities resulted in a 5% increase in the probability of having used a condom at last sex compared to non-exposed MSM.
- Sexual partners: Exposure to the program reduced the number of casual sexual partners by 22% and 53% when compared to the control group.

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 BCC Project implemented the generic condom campaign, *Soy Shingon, siempre uso condon*. 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 (23).

USAID further refined its prevention strategy and implemented high-quality programming through the Combination Prevention Project which began in 2010. USAID chose this prevention strategy promoted by UNAIDS to encourage high impact results. Combination Prevention has its roots in the documented prevention successes of National AIDS Programs in Uganda, Thailand and Brazil (24). The USAID project defined combination prevention as “a combination of

¹ Between 2005 and 2009, USAID implemented HIV prevention activities through two projects. The first, called Behavior Change in High-Prevalence and Vulnerable HIV and AIDS Populations in Mexico, is a BCC program implemented by PSI. A second project, called Condom Availability in Private Sector High-Risk Outlet Project in Mexico, is a small targeted condom social marketing (CSM) program implemented by Abt. Associates (under a sub-agreement with PSI).

behavioral, structural and biomedical approaches based on scientifically derived evidence” (17). In collaboration with CENSIDA and the Global Fund Project, USAID chose to serve MSM, SW, PWID, incarcerated people, and transgender women in 12 priority locations.² The USAID Combination Prevention Project implemented cutting-edge, evidence-based behavior change interventions such as motivational interviewing and Popular Opinion Leader (POL) 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.reaccion.mx).(17)

HEALTH SYSTEM IMPROVEMENTS FOR KEY POPULATIONS

USAID prevention projects also supported the public health-care system to increase access to essential services for key populations. For example, it is well known that detecting and treating sexually transmitted infections is proven to reduce individual risk of HIV infection and control the spread of HIV. (<http://www.who.int/mediacentre/news/releases/2006/pr40/en/>) The USAID IMPACT Project supported the development of national treatment norms for sexually transmitted infections. As the HIV and STI prevalence studies were completed in the six states, the IMPACT Project collaborated with CENSIDA to revise STI treatment norms for the country. Upon approval of the norms, USAID supported training of health care providers in priority states. USAID also supported renovations to the FLORA National Laboratory to improve STI diagnostic capabilities. Health system improvements for STI diagnosis and treatment were completed in 2004 (4).

USAID assisted CENSIDA in their efforts to address the connection between HIV and GBV within the health system. The USAID Health Policy Initiative designed and piloted a tool to screen for GBV among MSM and transgender women

Biomedical Prevention Interventions

- Condoms
- HIV testing and counseling
- STI diagnosis and treatment
- Needle and syringe programs
- Medically assisted treatment for PWID
- Prevention of mother to child transmission
- ARV-based prevention
- Voluntary medical male circumcision

(Source: PEPFAR Prevention Guidance)

during the delivery of HIV clinical services. The tool was well received by the providers who were initially trained to use it, and reports of violence were very high. 50 percent of MSM and 58 percent of transgender women reported emotional, physical and/or sexual violence in the past 12 months (25). Although the majority of individuals who had reported violence had not sought help from anyone before, providers were able to refer 42 percent of them to support services. In 2008, after results of the GBV screening project, USAID provided technical support to the Mexico City HIV Program to develop guidelines and expand the administration of post-exposure prophylaxis (PEP), a recommended measure to prevent HIV transmission upon potential exposure through sexual violence (26).

Another targeted intervention which yielded important results was the prevention of mother to child transmission (PMTCT) pilot program for women who inject drugs or who have partners that inject. The Tijuana General Hospital (TGH) staff reported to the USAID Combination Prevention Project that 50 percent of pregnant women who deliver at the hospital do not receive prenatal care, the majority of pregnant patients detected with HIV are detected during labor, and over 80 percent of those diagnosed with HIV are women who inject drugs or have a partner who injects. The Combination

² Mexico City, Veracruz, Hermosillo, Mexicali, Cancun, Chetumal, Guadalajara, Puerto Vallarta, Tijuana, Ciudad Juarez, San Luis Rio Colorado, Nezahualcoyotl

Prevention Project partnered with the NGO Prevencasa, to promote reproductive health and PMTCT with at-risk women in Tijuana with the aim of reducing the number of infants born with HIV. Community health workers conducted community mapping and outreach to women injecting drugs. The project reached more than 400 women in 2012; 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. 43 women were pregnant, of whom nine tested HIV positive. Only one infant was born with HIV; over half the women accepted a contraceptive method (implant or IUD.) (PSI Report)

The USAID TB project reached out to CENSIDA and the National TB Program to improve detection and prevention of HIV/TB co-infection. PLHIV and infected with TB are 21 to 34 times more likely to develop active TB disease than people without HIV (<http://www.who.int/mediacentre/factsheets/fs104/en/>). Although co-infection is a priority for the Ministry of Health, no formal system was in place at the local level to integrate prevention efforts. The USAID SOLUCION TB Project trained nearly 2,000 health care providers on HIV/TB co-infection in five jurisdictions, increasing HIV and TB testing from 20 percent and 50 percent to 80 percent and 90 percent respectively in the target areas. The number of TB-HIV co-infections identified that year more than doubled (650 in 2001 in comparison to 1,400 in 2007) (27).

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 wide program coverage in the city of Guadalajara, the USAID project established partnerships with five local CSOs. The Combination Project and the local CSOs identified a minimum package of prevention services for MSM and transgender women in the area. The minimum package included behavior change, biomedical, and structural interventions. 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

Accompanied Referral System for Confirmatory HIV Testing

At the USAID Combination Project's Guadalajara site, state-administered HIV confirmatory testing (Western Blot) could take as long as two to three months to return a result conduct. The lag in confirmatory testing often resulted in losing contact with individuals who tested preliminarily positive for the virus. During the pilot, the Combination Prevention Project removed this critical barrier to confirming HIV infection by directly paying for HIV confirmatory test and transitioning participants to care and treatment. 153 confirmatory tests were provided with support of USAID. These subsidies (a) reduced the period of time to receive the results of the confirmatory test; (b) retained HIV positive participants in treatment and care and improved access to CD4 and viral load tests; and (c) facilitated access of HIV negative and HIV positive key populations to complementary health services.

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, human rights education and services (17).

At the close of the Combination Prevention Project, USAID documented lessons learned from key interventions, with the intention to encourage further development and scale-up of promising practices by CSOs and CENSIDA. Key projects included the PMTCT program with female drug users in Tijuana, a CSO-based "linkages and referrals" project in Guadalajara, MSM and transgender women peer education projects in Ciudad Juarez and Mexico City, the refurbishment of TELSIDA (Mexico's national HIV prevention hotline), and the establishment of the national harm reduction network, REDUMEX.

Legacy: USAID's Partnership with CENSIDA

USAID's partnership with CENSIDA has yielded a rich public health legacy. USAID and CENSIDA mutually valued investment in 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 multisectoral response to the HIV epidemic. 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.



Leadership Investments



Sustainability and country ownership of USAID programs were achieved through carefully planned investments in private, public, and civic leadership. Although this approach permeated the entire USAID HIV portfolio, some specific examples are noteworthy. 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 managers were changing company policy 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 to make historical breakthroughs as they spoke out against HIV stigma and discrimination to the public. Although CONAES no longer exists, company policies have changed in regards to HIV and a demand for additional workplace wellness programs grew out of the policy work for 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>)

Another smart, impactful investment in leadership supported by USAID was the 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 the healthcare structures. With USAID funds, local TB and HIV programs were able to eliminate that structural barrier and increase screening for both diseases through clinical norm modification and cross training of healthcare professionals. The program helped elevate the priority of care for co-infections, strengthened referrals, and improved information systems between programs.

USAID is also credited with successful long term investments in community groups who, in their own time, became nationally recognized leaders. Over the course of the epidemic, USAID maintained relationships with 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. Individual leaders' successes are documented by USAID starting with PLHIV projects, CSO strengthening projects, and then national networks that at times led to global participation in technical and policy dialogue.

USAID and CENSIDA promoted innovation in the public health response to the HIV epidemic at every opportunity. The GOM has always 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 the regional study on HIV and migration spearheaded by INSP. The second was the development of a conceptual framework for HIV-related stigma and discrimination. And finally, gender-based violence interventions for transgender women implemented by public health clinics were carefully piloted and implemented 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 (28-30). 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 (31, 32). 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 describe in detail HIV vulnerabilities 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 HIV prevention radio campaigns in Chetumal from 2003 to 2004 (33). 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, 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 (34, 35) and were included in a book entitled *Social Response to Population Mobility and HIV and AIDS: Experiences in Central America and Mexico* (36).

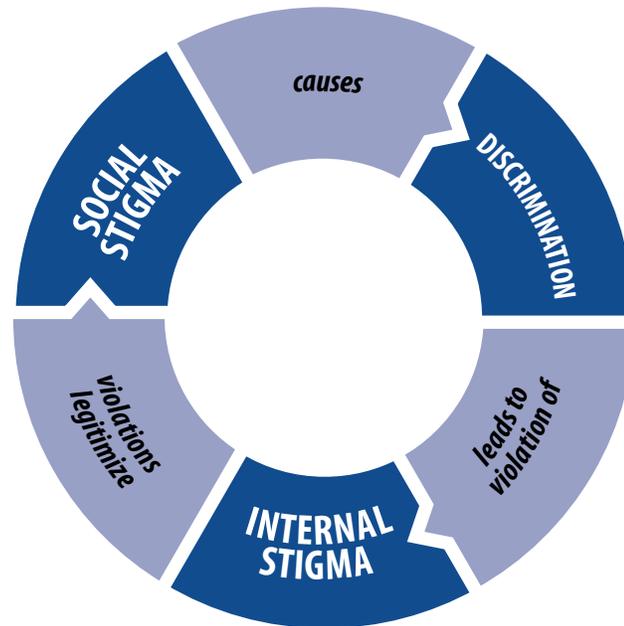
A CONCEPTUAL FRAMEWORK FOR HIV-RELATED STIGMA AND DISCRIMINATION

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 to qualitatively and quantitatively describe HIV stigma and discrimination. Research in both Mexico and South Africa yielded important developments in understanding the roots and application 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 of PLHIV, healthcare providers, legal and policy environments, faith-based communities, and the media were conducted. Once the surveys were completed and the data was 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 are 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 (37).

Stigma and Discrimination Cycle



Stigma & Discrimination Framework

Social stigma related to HIV includes not only fears of illness and death, but also well-established negative attitudes towards sex and illicit drug use. All of which are complicated by gender, race, sexual orientation, class and economic status. People form prejudices based on fears and negative attitudes about HIV; and individual decisions are made to create a distance between oneself and “them.” The distance further reinforces the exaggerated sense of danger society places on coming into contact with people who are HIV positive.

The cycle turns to discrimination as social stigma and prejudice are enacted. Individual actions, sometimes unconscious or institutionally sanctioned, lead to exclusion, segregation and differential treatment. Laws, policies and practices that lead to differential treatment of any kind reinforce individual acceptance of discrimination.

Often, social stigma and institutionalized discrimination leave a person unaware of their human rights or disempowered to address the violation of their rights. It is not uncommon to find laws and policies that run contrary to a country’s constitution or international accords protecting human rights.

The cycle moves to internalized stigma as violations of human rights and feelings of disempowerment affect PLHIV. Long-term discrimination, one’s own adoption of negative societal attitudes and personal experience with physical illness lead to a sense of shame, guilt and self-blame. Internalized stigma can lead to distancing oneself from society. It is not uncommon for PLHIV to cope by using isolation, denial and subterfuge. These self-protective behaviors lead to limited intimate relationships, health services, and long-term life plans. The lack of positive social engagement and self-care lead to further social stigma and wrongfully justify discrimination.

GENDER-BASED VIOLENCE INTERVENTIONS FOR 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 found extremely high rates of physical and sexual violence against MSM and transgender women. For example, UNAIDS (2009) estimated that two people a week are killed in Mexico because of their sexuality (38). 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 sexual partners (39) and unprotected anal intercourse (40). Studies also suggest that violence or fear of violence and discrimination may prevent MSM and transgender women from seeking health services (25, 41, 42). The screening tool and associated training 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 CAPASITS and other health providers in Mexico and has been widely disseminated in international fora, including the International AIDS Conference in 2008 (13).

The USAID Health Policy Initiative initially trained 56 healthcare providers from the CAPASITS of Puerto Vallarta, Jalisco, and from the CAPASITS of Ecatepec, Naucalpan, and 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 (25).

Pilot Tests Suggest High Levels of Violence

The levels of violence experienced by screened individuals were high, with 50 percent of MSM and 58 percent of transgender women reporting emotional, physical and/or sexual violence in the past 12 months. The majority of screened individuals who experienced any form of violence had not sought help from anyone. Providers in this pilot referred 42 percent of those experiencing violence to additional support services. The qualitative evaluation of the screening tool found that the tool was well received by both healthcare providers and members of the target populations. Providers indicated that the tool took approximately 10-12 minutes to apply and was not burdensome. It was useful to better understand the challenges and level of vulnerability of their MSM and transgender clients and allowed them to make important referrals. In-depth interviews and focus groups among the target population found that the tool increased awareness of GBV and clearly illustrated the links between HIV risk and GBV.

Reaching the Most Vulnerable People

USAID had a long, successful history with CENSIDA in reaching people most vulnerable to HIV. As mentioned in the introduction, USAID was working with the Secretariat of Health on family planning and reproductive health when the first cases of HIV were discovered in Mexico. USAID's work with the federation Mexicanos contra el SIDA afforded USAID credibility among people living with HIV and AIDS at a time when stigma hindered strong institutional relationships. USAID prioritized PLHIV groups in their work 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 LGBT community, together unraveling one layer of stigma after another to solve public health and human rights challenges facing these groups. Through program experience 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 PWID. USAID's credibility with these communities led to sensitive, well targeted interventions that improved the quality of many lives in Mexico.

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 multisectoral 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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Annex A: USAID sub-partner Agreements with Amounts Greater than US\$15,000 (1997-2013)

| International NGO | Mexican Organization | Activity Name | Target Population | Start Date | End Date | Geographic Areas | Budget Expended (US\$) |
|-------------------|--|---|--------------------------|------------|----------|--|------------------------|
| FHI/Impact | CAPPSIDA (Centro de Atencion Profesional a Personas con SIDA A.C.) | STI Study | General Population | 10/1999 | 10/2000 | Mexico City, Acapulco, and Veracruz | \$123,480 |
| | Afluentes | Female Condom Study | FSW, Women | 02/2000 | 06/2001 | Six States | \$48,913 |
| | INSP | Prevention Programs | Mobile, FSW, MSM | 11/2001 | 03/2005 | Chetumal and Ciudad Hidalgo | \$390,091 |
| | Afluentes | STI Norms | Health Service Providers | 05/2003 | 12/2004 | National, Six States | \$279,337 |
| | Colectivo Sol | Behavior Study among Young Men | Youth, MSM | 04/2004 | 03/2005 | Mexico City and Veracruz | \$94,320 |
| | FLACSO | BBSS | MSM, FSW, PLHIV | 10/2004 | 03/2004 | Monterrey, Acapulco, Nezahualcoyotl and Tampico. | \$332,798 |
| Futures | Red de Jovenes por los derechos sexuales y reproductivos (JOV) | Involving youth in the HIV policy process | Youth groups, MCGs | 03/2001 | 04/2002 | State of Mexico | \$21,680 |
| | Letra S (SIDA Cultura y Vida Cotidiana) | Research on stigma, Frente a la Vida | Media | 05/2002 | 09/2003 | Mexico City, State of Mexico, Yucatan | \$43,801 |
| | INSP | Research on stigma | Health Care Worker | 11/2002 | 12/2003 | Mexico City, State of Mexico, Yucatan | \$65,325 |
| | Colectivo Sol | Stigma and Discrimination | Health care providers | 12/2002 | 01/2004 | State of Mexico and Yucatan | \$21,645 |

| International NGO | Mexican Organization | Activity Name | Target Population | Start Date | End Date | Geographic Areas | Budget Expended (US\$) |
|-------------------|---|---|-----------------------------------|------------|----------|--|------------------------|
| Futures | Colectivo Sol | Advocacy, gender and policy change | Networks of women PLHIV | 03/2004 | 05/2004 | Mexico City | \$23,665 |
| | | Supporting the Faith-based Organization to response to HIV and reducing stigma with MSM | Faith-based Organizations and MSM | 12/2004 | 08/2005 | Mexico City, State of Mexico, Yucatan, Tamaulipas, Oaxaca, Jalisco | \$37,379 |
| | Red Mexicana de PVVH | Research on stigma | PLHIV | 12/2004 | 08/2005 | Mexico City, State of Mexico, Yucatan | \$24,978 |
| | National Business Council on HIV (CONAES) and "(Personas viviendo con VIH)" | | | 03/2008 | 12/2008 | | \$43,000 |
| PSI | Una Mano Amiga en la Lucha Contral el SIDA, AC | | MSM, FSW, Trans | 2004 | 2007 | Tapachula, Chiapas | \$15,389 |
| | Punto de Encuentro de la Comunidad, AC | | MSM, FSW, Trans | 2004 | 2009 | Chetumal, Quintana Roo | \$26,791 |
| | Centro de Capacitacion y Apoyo Sexológico Humanista, AC | Organizational Development | MSM, FSW, Trans | 2004 | 2011 | Mexico City | \$43,108 |
| | Instituto Pro-Infancia y Juventud Femenina, AC | Organizational Development | MSM, FSW, Trans | 2006 | 2012 | Mexico City | \$51,619 |
| | COLEGA O AC | Organizational Development | MSM, FSW, Trans | 2007 | 2012 | Guadalajara, Jalisco | \$39,287 |

| International NGO | Mexican Organization | Activity Name | Target Population | Start Date | End Date | Geographic Areas | Budget Expended (US\$) |
|-------------------|--|------------------------|-------------------|------------|----------|--------------------------|------------------------|
| PSI | Comité Humanitario de Esfuerzo Compartido Contra el SIDA, AC | | MSM, FSW, Trans | 2007 | 2012 | Guadalajara, Jalisco | \$47,555 |
| | Programa Compañeros, AC | REDUMEX | MSM | 2011 | 2012 | Ciudad Juarez, Chihuahua | \$117,210 |
| | INSP | Behavior Survey | MSM, FSW, Trans | 2012 | 2012 | Cuernavaca, Morelos | \$62,493 |
| | PREVENCASA, AC | PMTCT Program for PWID | | 2012 | 2012 | Tijuana, Baja California | \$40,000 |