SEMI-ANNUAL REPORT

1 April 1990 - 30 September 1990

Cooperative Agreement

AID/DPE-5972-A-00-7057-00

AIDSTECH/FAMILY HEALTH INTERNATIONAL · Durham · NC 27713 · USA

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EXECUTIVE SUMMARY

AIDSTECH is emphasizing the development and implementation of programs to slow the spread of HIV infection in developing countries. The first year of the project was spent assessing needs and program opportunities, determining priorities for resource allocation and programming, and learning to work within a complex set of relationships around the world to develop and establish programs. In the second year, the project focused on program implementation, on refining technical and regional strategies, and on further strengthening of the AIDSTECH team.

In light of experience gained in the first two years and the roles being played increasingly by other donor agencies, the third year has been one of successful project implementation, further development of AIDSTECH's role and a refocusing and refining of program priorities.

AIDSTECH continues its commitment to prevention, with priority given to efforts to slow sexual transmission through AIDS education, condom distribution, and prevention and treatment of STDs, and to prevent blood transmission through technical assistance for blood screening programs. In its third year, AIDSTECH has developed extensive, multifaceted programs in 16 countries. More focused programs are underway in another 13 countries (see Table 1 below).

Since the award of the Cooperative Agreement, AIDSTECH has worked on 151 projects and specific technical assistance programs in 38 countries. Table 2 (See page 2) shows AIDSTECH's overall activities by program area and region and a breakdown by completed, ongoing, and planned programs and activities.

Table 1
AIDSTECH Program Focus

Extensive Program Countries	Focused Program Countries
Burkina Faso	Burundi
Cameroon	Malawi
Ghana	Mali
Kenya	Niger
Tanzania	Nigeria
Zaire	St. Vincent
Zimbabwe	Grenada
Brazil	Trinidad
Dominican Republic	Barbados
Dominica	Bolivia
Antigua	Ecuador
St. Lucia	El Salvador
Haiti	Peru
Mexico	
Philippines	
Thailand	

Forty projects and specific technical assistance programs in 21 countries have been completed: nine in the area of sexual transmission, seventeen in blood transmission, six in surveillance, four in health care finance, three to train health care providers in disease control procedures, and one in prevention of IVDU transmission.

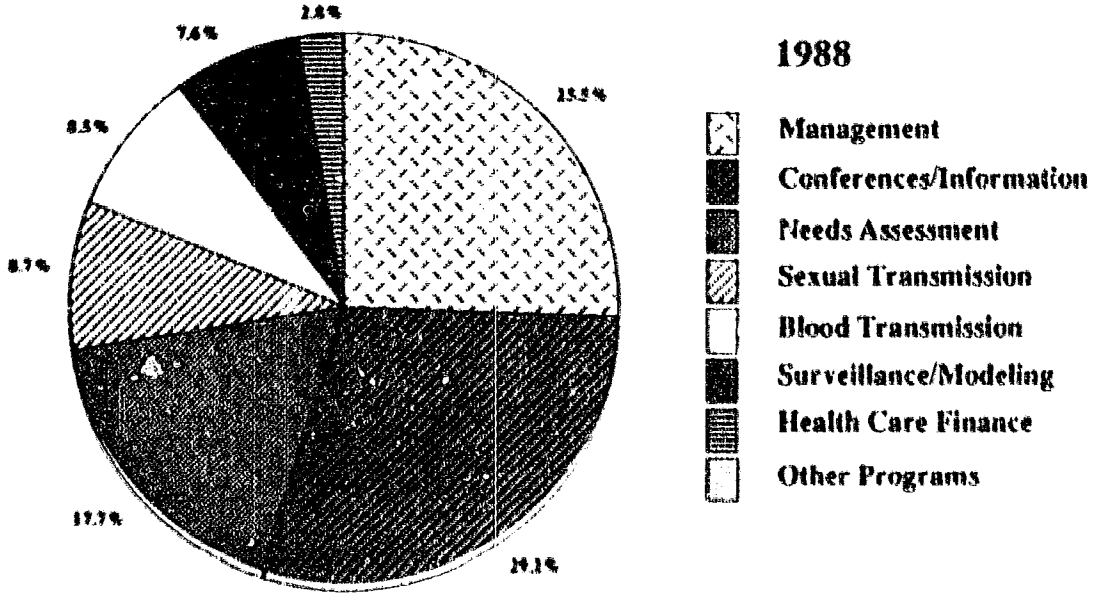
A total of 83 projects and activities are ongoing in 31 countries. An additional 28 projects/activities are under development in 17 countries.

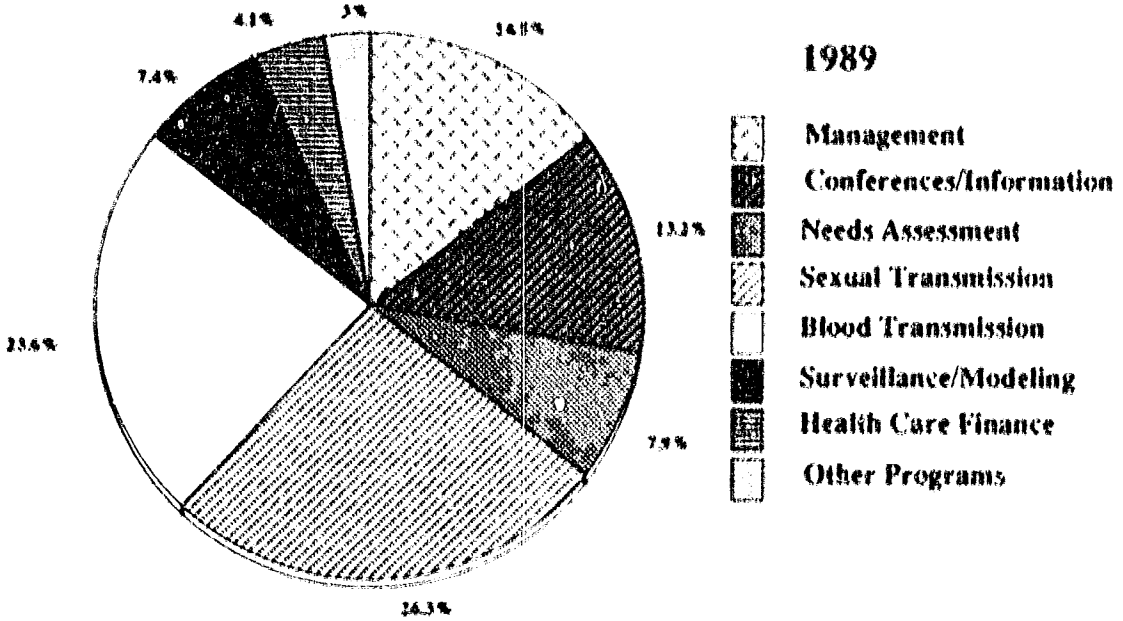
A shift in the allocation of program resources has occurred since 1987 (Page 3). In the first year of the program, most expenditures (72%) went into AIDSTECH program management, conference sponsorship, information dissemination, and country needs assessments, with 28% spent on program areas. This pattern changed dramatically in the second and third years, when 64% and 76% was spent on the AIDSTECH program areas.

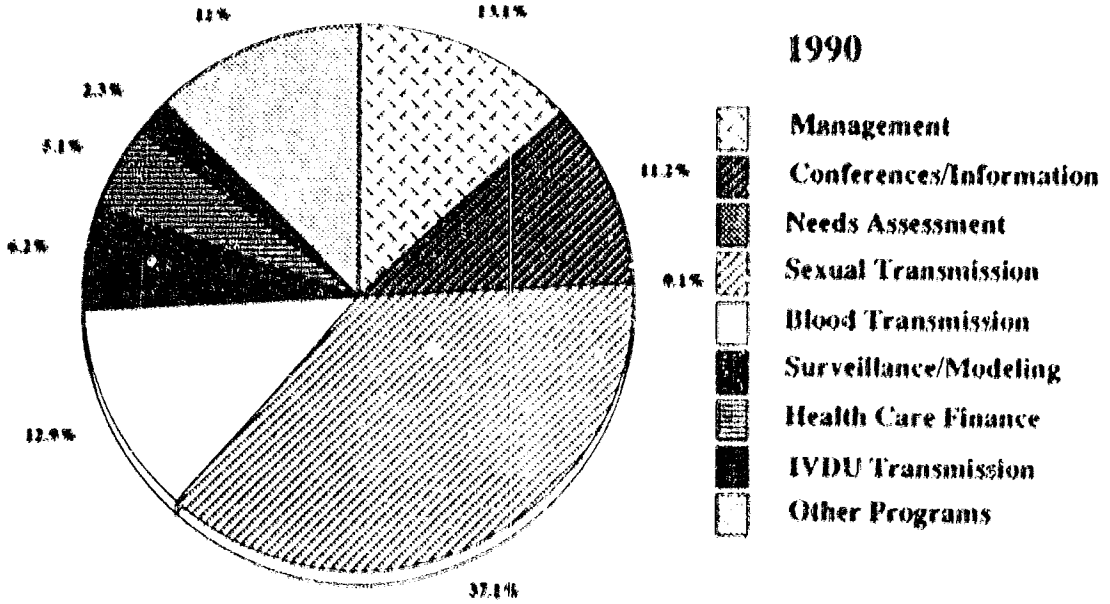
Table 2
AIDSTECH Projects and Activities by Region

	Africa	Latin America/ Caribbean	Asia/ Near East	Total
Completed Projects/Activities				
Sexual Transmission	4	1	4	9
IVDU Transmission	0	0	1	1
Blood Transmission	11	4	2	17
Surveillance	1	4	1	6
Health Care Financing	1	2	1	4
Training	2	1	0	3
Subtotal	19	12	9	40
Ongoing Projects/Activities				
Sexual Transmission	17	27	6	50
IVDU Transmission	0	0	1	1
Blood Transmission	3	8	0	11
Surveillance	4	4	0	8
Modeling/Policy	2	1	0	3
Health Care Financing	1	3	1	5
Training	1	4	0	5
Subtotal	28	47	8	83
Planned Projects/Activities				
Sexual Transmission	14	5	2	21
Blood Transmission	3	0	0	3
Surveillance	0	1	0	1
Health Care Financing	0	2	0	2
Training	0	1	0	1
Subtotal	17	9	2	28
Total Project/Activities				
Sexual Transmission	35	33	12	80
IVDU Transmission	0	0	2	2
Blood Transmission	17	12	2	31
Surveillance	5	9	1	15
Modeling/Policy	2	1	0	3
Health Care Financing	2	7	2	11
Training	3	6	0	9
Total	64	68	19	151

AIDSTECH Total Program Expenditures







The charts on pages 3 and 5 also show changing AIDSTECH program emphasis. Projects to prevent sexual transmission have grown as a percentage of total program expenditures (Page 3) and program area expenditures (Page 5). Sexual transmission projects accounted for about 49% of program area expenditures by 1990. Blood transmission projects initially provided needed supplies and equipment and accounted for much of the program's expenditures during the first two years. AIDSTECH has decreased its efforts in this area as The Global Programme on AIDS (GPA) has increased its role, as reflected in the reduction of program expenditures to 17% in 1990.

AIDSTECH also has moved away from its earlier efforts to establish HIV sentinel surveillance and national STD sentinel surveillance. WHO/GPA has clearly taken the lead in these areas, and AIDSTECH will not duplicate these efforts.

AIDSTECH's first priority is to slow and prevent the sexual transmission of HIV infection. The strategy for accomplishing this includes:

- o identifying groups at high-risk for sexual transmission;
- o developing AIDS education programs targeted to those groups and their sexual partners; and
- o promoting condom use and assuring accessibility of condoms through institutionalized distribution networks.

AIDSTECH is also emphasizing control of STDs as part of its sexual transmission strategy. There is strong evidence that STDs, especially those that cause genital ulcers, are an independent risk factor for HIV transmission. AIDSTECH's STD strategy includes improving methods of STD surveillance for program evaluation and improving the integration of components of the AIDS control programs into the primary health care system through clinics that provide STD diagnosis and treatment.

Some of the major lessons learned in the first three years are the importance of institutionalization of programs to assure their continuation, the necessity of expanding intervention programs to reach the partners of the targeted high-risk behavior groups, and the necessity of making condoms available and accessible as an integral part of interventions. The demand for technical assistance to implement blood screening programs continues to be high. AIDSTECH's strategy is to give assistance in:

- o strengthening blood screening programs;
- o improving blood transfusion practices; and
- o encouraging free and voluntary blood donations by persons not at risk of HIV infection.

AIDSTECH's research has demonstrated that the HIVCHEK test is appropriate for use in district hospitals as a cost-effective alternative to conventional testing for HIV-1, that two simple, rapid tests can be used in sequence as an alternative to the costly, more complex ELISA-Western blot sequence, and that serum pooling can be a cost-effective alternative to single sample testing in countries with a low prevalence for HIV and a high volume of testing.

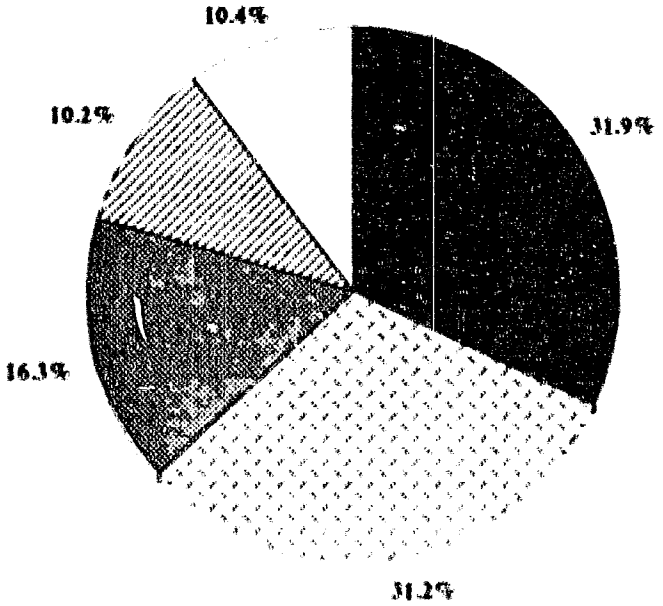
AIDSTECH's surveillance activities are used to evaluate intervention programs. Targeted STD surveillance helps to verify reported behavior changes more easily than monitoring of HIV incidence.

AIDSTECH has learned that HIV sentinel surveillance data are not very useful as an evaluation tool for intervention programs.

AIDSTECH is emphasizing AIDS prevention programs that are cost-effective and sustainable and is helping to develop methodologies for measuring the economic impact of HIV infection and AIDS. AIDSTECH's strategy is to give assistance in:

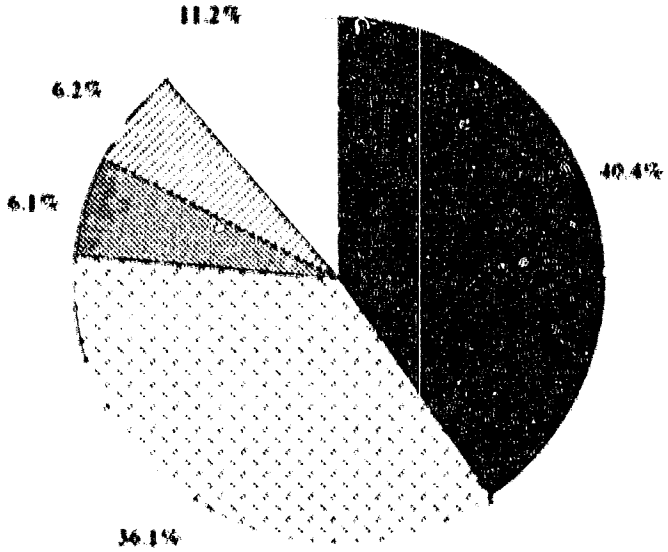
- o determining recurrent costs for AIDS intervention programs to develop the organizational structures and policies that lead to sustainable interventions;
- o developing the ability of local programs to compare the cost-effectiveness of two or more intervention programs, and to assess the cost-effectiveness of different components within an AIDS control intervention program; and

AIDSTECH Program Area Expenditures



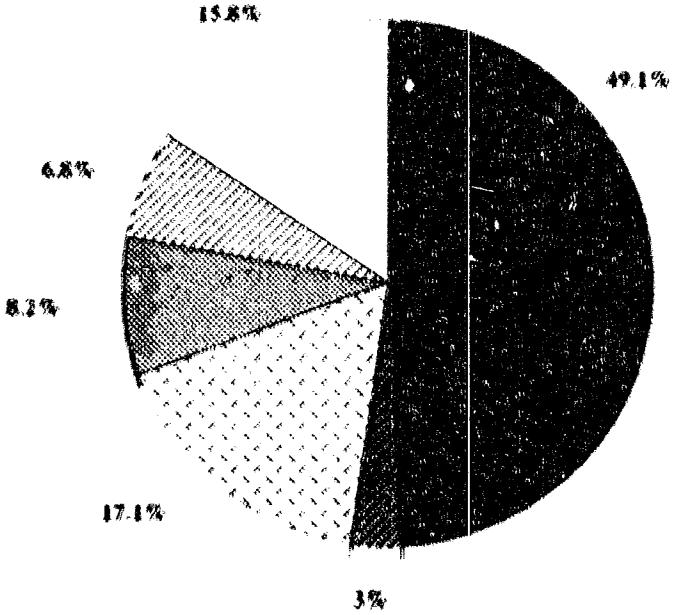
FY 1988

- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs



FY 1989

- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs



FY 1990

- Sexual Transmission
- IVDU Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs

- measuring the economic impact of AIDS.

AIDSTECH research has shown that a significant part of the economic impact of AIDS results from the costs of treating persons with AIDS and that these costs could be reduced through improved planning and efficient treatment programs. Data on costs of AIDS programs need to be collected routinely.

AIDSTECH is pursuing a program of applied and basic research. The components of this program are outlined below:

- The operations research component focuses on answering key intervention program questions such as the short- and long-term impact of paying peer educators or providing free condoms versus charging for condoms, evaluating different condom distribution strategies and evaluating the impact of intervention programs.

- The epidemiology research component focuses on evaluating the efficacy of spermicides and STD control in preventing HIV transmission.

- The Research Fellows Program provides training for United States researchers in developing countries while enhancing developing countries' skills and expertise in the field of behavioral research. The first Fellow is working with local country counterparts in Kenya to develop and implement a research project on women and AIDS.

- AIDSTECH, in collaboration with A.I.D. and several National Institutes of Health (NIH), has established a program to fund behavioral research centers to (1) reduce gaps in understanding the extent and nature of high-risk behaviors, (2) determine the most appropriate strategies to modify such behaviors, (3) identify barriers and enhancers to behavior change, and (4) determine how to sustain behavior changes. Nine pilot projects have been selected for funding. With additional support provided by the NIH, successful pilot projects will be extended in a second phase to implement large scale behavioral research projects. A secondary goal of this program is to enhance developing countries behavioral research capacity, as well as to increase U.S.-based behavioral research capacity focused on this area.

To help policy-makers, technical personnel, and service providers better understand the long-term implications of the AIDS epidemic, AIDSTECH has supported the development of a microcomputer-based simulation model that assesses the impact of the epidemic and projects the effectiveness of potential interventions. The model is being tested in Haiti and Uganda.

In keeping with its mandate to inform USAID Missions, National AIDS Committees and technical experts about recent developments in AIDS, AIDSTECH mails over 1,000 information packages worldwide on a bimonthly basis.

AIDSTECH supports participation from developing countries to the annual International Conference on AIDS and selected regional AIDS conferences.

Training is one of the approaches AIDSTECH uses to strengthen local programs in AIDS prevention. AIDSTECH has adopted a "Train the Trainers" approach, training those in supervisory positions to initiate in-service training of those they supervise. Training is competency-based, assisting trainers to acquire, enhance, or maintain skills rather than concentrating on knowledge transfer. Training activities encompass biotechnical training, management training, and information, education, and communications training.

AIDSTECH is operating a Small Grants Program to enable private voluntary organizations (PVOs) working in developing countries to apply for project funding. As resources permit, the small grants are funded to a maximum of $50,000 each after approval by the relevant USAID Mission and the host country National AIDS Committee and review by AIDSTECH, AIDSCOM, and A.I.D./Washington. Fourteen small grants projects are ongoing.

AIDSTECH is expanding its staff in response to new program needs. Currently, recruitment is underway for three senior positions: a Modeling Specialist, a Health Care Finance Specialist, and a Regional Coordinator for Africa.

Dr. Thomas Coates, Center for AIDS Prevention Studies (CAPS), University of California, San Francisco, has consented to serve as AIDSTECH's Behavior Advisor, assisting with developing strategies, identifying relevant research questions, designing protocols and formulating an Intervention/Behavior Change Model.

Accomplishments during reporting period:

- Awarded nine Behavioral Research Grants
- Awarded six PVO grants
- Fielded one Behavioral Research Fellow
- Provided support for five trainees to improve their research, IEC, and epidemiological skills
- Supported participation of 68 representatives from 36 countries to the VI International conference on AIDS
- Mailed three English and two French information packages to individuals and institutions in the developing world
- Completed the first prospective study of the QuISTD Index in Burkina Faso
- Continued field testing of AIM model in Uganda and Haiti
- Completed set of preliminary costing guidelines
- Conducted HIV laboratory testing workshops in El Salvador and Bolivia
- Conducted model training programs for STD clinics staff in St. Lucia and Trinidad
- Supported programs for Quality Assurance in HIV testing in Cameroon and Kenya
- Appointed an AIDSTECH Behavioral Advisor
- Provided 96 weeks of technical assistance to 25 countries.

I. INTRODUCTION

The AIDSTECH Project, funded by the U.S. Agency for International Development (A.I.D.) through Cooperative Agreement AID/DPE-5972-A-00-7057-00 with Family Health International (FHI), has been in existence for three years.

This report summarizes activities and accomplishments for the past six months of the project and gives targets for program activities for the next six months. The needs, evolving strategies, and implementation of programs for the major geographic regions are described.

The AIDS pandemic is an international health problem of extraordinary scope and unprecedented urgency. AIDS presents a profound threat to the health of adults and children and to the socio-economic development of developing countries.

A. BACKGROUND

FHI is a non-profit organization dedicated to improving reproductive health, contraceptive safety, and health service delivery. FHI's work in AIDS follows from its many years of international experience in clinical research, reproductive health and sexually transmitted diseases, epidemiology, and social research applied to family planning service delivery.

The U.S. Agency for International Development (A.I.D.) awarded the Cooperative Agreement AID/DPE-5972-A-00-7057-00 to FHI on September 16, 1987, as a five-year, $28 million program.

The AIDSTECH Project staff consists of an integrated and internationally mobile team with multidisciplinary technical and managerial skills. The Project has an office in Washington, D.C. and a core of technical and program staff located at FHI's North Carolina headquarters. In addition, in-country resident coordinators are providing program support in eight

countries. AIDSTECH was designed by A.I.D. to provide technical assistance services to developing countries in AIDS control and prevention in conjunction with AIDSCOM, the Public Communications Project implemented by the Academy for Educational Development (AED).

The AIDSTECH Project provides technical assistance and funding to develop appropriate intervention programs upon countries' requests. The coordination of AIDSTECH's responses is achieved through inter-organizational cooperation with A.I.D. and its overseas Missions, with the World Health Organization's (WHO) Global Programme on AIDS (GPA) and the Pan American Health Organization (PAHO), with host country governments and their national AIDS committees and ministries of health, with local non-governmental organizations, with other international public organizations, private foundations and with AED's AIDSCOM Project. FHI's other AIDS and sexually transmitted disease (STD) research activities, barrier methods development and research, and information dissemination programs complement AIDSTECH activities.

B. GOALS AND OBJECTIVES

AIDSTECH's mandate is to support developing countries in the prevention and control of AIDS through technical assistance and program support in such areas as program design/administration, epidemiology, HIV screening, health care financing, applied research, training, provision of equipment and commodities, and information dissemination.

AIDSTECH's approach to implementing its mandate is based on a philosophy and program to build and strengthen in-country capacities and skills to enable country programs to undertake the activities needed to prevent and control the spread of AIDS. This approach is based on the development of long-term relationships with in-country programs, with an emphasis on local development and implementation of prevention activities.

Activities are supported in the following areas:

- Prevention of HIV infection through sexual transmission.
- Prevention of HIV transmission through IV drug use.
- Prevention of HIV transmission through blood transfusions.
- Development of targeted information, education and communication programs and provision of necessary training.
- Development and application of surveillance systems to evaluate AIDSTECH programs.
- Research including project evaluation, program operations research, and epidemiological and behavioral research.
- Development of health care financing strategies through recurrent and comparative cost analyses.
- AIDS epidemiological modeling.
- Information dissemination.
- Conferences.
- Small Grants Program for PVOs.

AIDSTECH does not provide therapy or treatment for AIDS. In summary, AIDSTECH is part of a global strategy to combine financial and human resources, scientific and technical skills, and experience in program management and coordination to strengthen national institutional capabilities to confront the AIDS crisis.

C. PROGRAM AND INTERVENTION STRATEGIES

FHI's guiding policy is a commitment to prevention. In countries in the early stages of the AIDS epidemic, programs must be implemented as rapidly and as cost-effectively as possible. Targeted interventions that can be expanded quickly as national resources become available and that can be replicated are an important approach to prevention. In countries where prevalence of HIV infection is rising in the general population, broader strategies must be developed in conjunction with targeted interventions.

Sexual contact is the primary way that the HIV infection is transmitted, and the most efficient way to reduce the spread of HIV infection is for those at greatest risk to modify their sexual behavior. Thus, as a first priority, AIDSTECH supports interventions directed toward groups practicing high-risk behaviors in an effort to slow the spread of the disease by sexual transmission.

Another significant means of transmission of HIV is through transfusion of blood contaminated with the virus. Thus, the second priority for AIDSTECH is assisting countries to ensure that blood transfusion systems are free from HIV infection.

The resources available through AIDSTECH and other donors are limited, and many developing countries with the most serious HIV infection rates are those least able to confront the problems because of poor infrastructure and inadequate budgets. The design of intervention programs that are cost-effective and sustainable is mandatory, and AIDSTECH emphasizes these aspects in planning and providing assistance to developing country programs.

The demand for AIDSTECH assistance exceeds the resources available through the program. As a result, AIDSTECH activities must be focused, not only on the major modes of transmission, but also geographically.

AIDSTECH's program strategy attempts to:

- Match country-specific programs to levels of HIV prevalence and the absorptive capacity of countries' health infrastructures;
- Utilize and strengthen existing health infrastructures through technical assistance and training of trainers where appropriate;
- Improve local skills to monitor and control the spread of HIV;
- Encourage regional collaboration; and
- Promote long-term program sustainability.

AIDSTECH's strategy in allocating its resources is to focus interventions in those countries where:

- The prevalence and incidence of HIV infection is highest, as well as in countries that still have a low prevalence but have the risk factors that would facilitate rapid spread of the disease;
- The political, social, and infrastructure context of the country presents a readiness to receive technical assistance to establish sustainable intervention programs; and
- Bilateral or other donor funds are available to provide major support for programs.

AIDSTECH has identified 16 countries where it is supporting extensive, multifaceted, and integrated programs: Burkina Faso, Cameroon, Ghana, Kenya, Tanzania, Zaire, Zimbabwe, Dominica, Antigua, St. Lucia, the Dominican Republic, Haiti, Mexico, Brazil, the Philippines, and Thailand.

D. PROGRESS TOWARD PROJECT OBJECTIVES

A major goal of the AIDSTECH Cooperative Agreement is to "build an international capability to control and prevent HIV infection, to include further strengthening of FHI's AIDS programs and institutional capacity ..., and the development and strengthening of programs and institutions in target countries ...."

To this end, the AIDSTECH team has grown over the past three years to a multidisciplinary professional group of 56 individuals who bring technical skills in areas including epidemiology, operations research, training, information and education, program planning and management, health care financing, STDs, and laboratory work to respond to needs of USAID Missions and in-country programs.

AIDSTECH'S major objectives are to reduce the spread of HIV through sexual and blood transmission. AIDSTECH'S progress toward these objectives is outlined below.

Prevention of HIV Through Sexual Transmission. More than 50% of AIDSTECH'S efforts are focused on the prevention of the sexual transmission of HIV. Accomplishments in this area include:

- Influencing Policy. AIDSTECH has educated policy-makers who were initially reluctant to approve intervention programs targeted toward high-risk groups. Policy changes have been accomplished through collaborative planning technical assistance, sponsorship to conferences and AIDS simulation modeling. AIDSTECH also provides input to USAID Missions in helping to determine country priorities and program needs.

- Capacity Building. AIDSTECH has focused on capacity building and institutional strengthening in its sexual transmission interventions, providing technical assistance in the area of IEC, condom distribution, and STD diagnosis and treatment. In addition, AIDSTECH has upgraded 12 STD clinics and provided needed equipment and supplies for selected programs.

- Program Implementation. AIDSTECH has assisted with the design, implementation, and support of 59 sexual transmission interventions and activities since 1987. Another 21 are planned to begin within the next few months.

- Applied Research. AIDSTECH is evaluating intervention outcomes and conducting epidemiologic research, behavioral research, and operational research projects to attempt to answer questions that will improve ongoing programs.

- Health Care Finance. AIDSTECH is emphasizing intervention programs that are cost-effective and sustainable. Recurrent costs for intervention programs are being determined.

Prevention of HIV Through Blood Transmission. About 15% of AIDSTECH'S efforts are focused on the prevention of blood transmission of HIV. Accomplishments in this area include:

- Capacity Building. AIDSTECH has focused on capacity building and institutional strengthening by providing technical assistance to assess and plan HIV screening programs and by assisting in the development and maintenance of national quality assurance programs for HIV testing in 11 countries.

- Strengthening Blood Screening Programs. AIDSTECH has conducted 11 "train the trainer" workshops to train laboratory technicians in appropriate HIV testing techniques, laboratory safety, quality control, and laboratory management.

- Applied Research. AIDSTECH has supported applied research to identify and validate appropriate technology for HIV testing and to evaluate serum pooling as a cost-efficient alternative to single sample testing in countries with a low HIV prevalence.

- Health Care Financing. AIDSTECH has been developing a cost model which provides countries with a tool to use for planning for blood transfusion services. In addition, AIDSTECH is helping countries develop cost recovery programs for blood transfusion services, including HIV testing.

AIDSTECH has accomplished most of the specific plans outlined in the last semi-annual report. Specifically, AIDSTECH has:

- Filled the Behavioral Science Specialist position
- Selected one research fellow for placement in Kenya
- Awarded nine pilot projects to fund under the Behavior Research Grants Program
- Trained 285 health care professionals in treatment of STDs in the Philippines
- Trained 20 health care professionals in the counseling of STD patients in the Eastern Caribbean
- Expanded the condom social marketing project in Burkina Faso and continued the social marketing programs in Zaire and Cameroon
- Begun field testing the AIM model in Uganda and Haiti

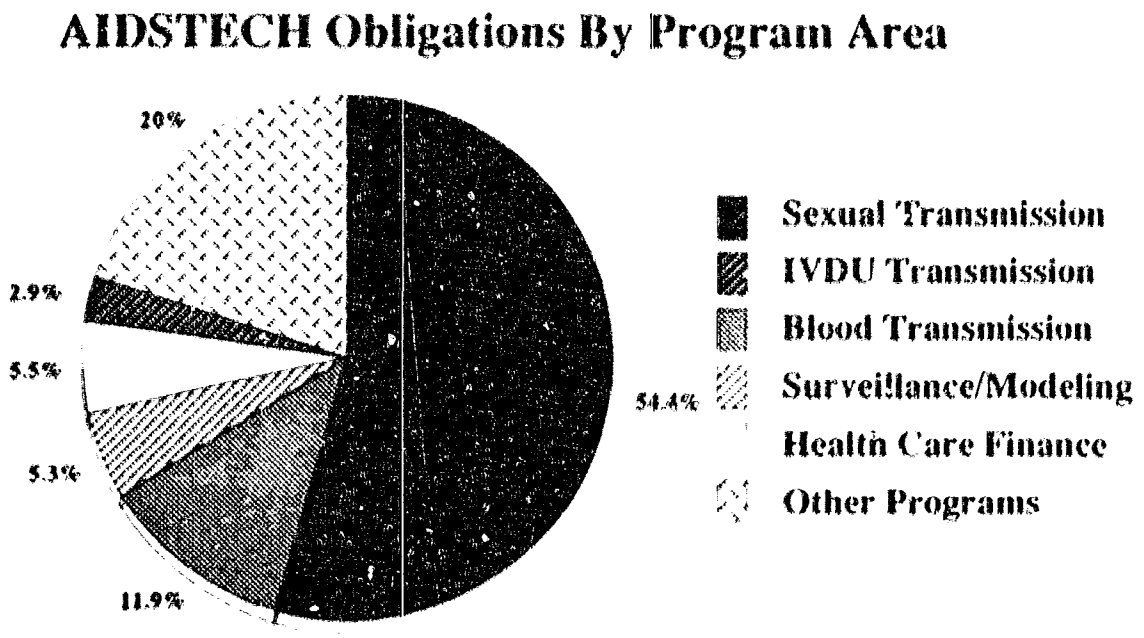
II. AIDSTECH ACTIVITIES

During the past six months, AIDSTECH has focused on implementation of projects and has refocused and refined its program priorities. The following sections describe general strategies and summarize project progress.

A. TECHNICAL ASSISTANCE AND INTERVENTION PROGRAMS

Overall obligations by program area since the project began are shown in the chart below.

Obligations for sexual transmission prevention projects have accounted for almost 55% of program area obligations. Blood transmission projects account for 12% of program area obligations, with health care finance and surveillance/modeling at 5% each. The "other programs" category includes general program support for large scale country programs, and training programs for health care providers in disease control procedures.



1. PREVENTION OF SEXUAL TRANSMISSION OF HIV

General Strategy

Since sexual contact is the primary way that HIV infection is transmitted, AIDSTECH's first priority is to slow and prevent the sexual transmission of HIV infection. The strategy for accomplishing this includes:

- Targeted interventions
- Social marketing of condoms
- STD control

In most of AIDSTECH's programs, combinations of strategies and models are being used.

Targeted Interventions. Available seroprevalence data and epidemiological models of the spread of HIV infection show that the primary route of transmission in most parts of the world is by sexual contact. The risk of infection increases with the number of sexual partners, history of sexually transmitted disease, and prevalence of infection in the community. During the critical early stages of the epidemic, individuals with multiple sexual partners become infected, subsequently infect others in the community, and contribute to a rapid increase in the prevalence of infection.

Neither a cure for AIDS nor a vaccine to prevent HIV infection is likely to be available anytime soon, and even if these were available primary prevention would still be a major approach to AIDS prevention. The AIDSTECH strategy is to assist countries in developing targeted intervention programs designed to reduce the sexual transmission of HIV among groups at greatest risk of infection.

These programs are developed in cooperation with national AIDS committees, ministries of health, and implementing organizations. Programs typically include:

- Education to inform target groups about AIDS, how it is transmitted, and how to reduce risk of infection;
- Condom education, promotion, and distribution to ensure that condoms are used correctly and are readily available to target groups at an affordable price;
- Training for health providers in health education, condom use, and program management;
- Referral system to STD control services; and
- Program evaluation to improve services, assess impact, and plan for sustainable programs and expansion.

AIDSTECH has developed three models for reaching high-risk behavior groups: the peer education model, a work place/social center-based model, and an STD/health clinic education model

The peer education model selects and trains individuals within high-risk behavior groups, such as men and women with multiple sexual partners, to teach their peers about AIDS and ways to prevent the spread of HIV infection. AIDSTECH is using the peer education model to reach high-risk groups such as commercial sex workers, their customers, truck drivers, factory workers, and students.

The work place/social center model reaches high-risk behavior groups through places where they work or socialize. AIDSTECH is providing support for training employers, farmers, factory workers, taxi drivers, bar owners, and managers to provide necessary AIDS education and distribute condoms to their employees and customers.

The third model provides education and distributes condoms through STD clinics, health centers, or family planning clinics located in areas convenient to high-risk behavior groups.

Social Marketing of Condoms. Social marketing utilizes commercial marketing techniques to promote a behavior or product for the social good. The objectives of AIDSTECH social marketing projects are to make condoms more accessible to target groups and to recover a portion of program costs.

AIDSTECH condom social marketing programs, developed in collaboration with a social marketing organization and the host countries' national AIDS control program, include:

- promotional campaigns involving mass media messages and consumer giveaways;
- training of commercial sex workers to be AIDS-prevention educators and condom salespersons; and
- educational sessions with target groups and distribution of educational materials.

STD Control. There is strong evidence that sexually transmitted diseases (STDs), especially those causing genital ulceration, are an independent risk factor in the transmission of HIV infection. Since the prevalence of STDs remains high in many developing countries, the prevention and control of STDs may slow HIV transmission in these countries.

AIDSTECH provides technical assistance and training and supports research aimed at the development of cost-effective methods of STD surveillance and control. AIDSTECH collaborates closely with the WHO/GPA and coordinates its activities with national AIDS control programs and other appropriate organizations. Programs include:

- Technical assistance to national or regional STD centers and laboratories in the development or revision of STD treatment guidelines;
- Development and validation of cost-effective methods of STD surveillance for program evaluation;
- Training of STD staff in the use of treatment algorithms, in STD prevention counseling, and in condom promotion;
- Integrating STD prevention and control programs into broader health care programs to improve sustainability; and
- Epidemiological research to measure the efficacy of barrier method contraceptives in the transmission of STDs and HIV.

Project Progress

AIDSTECH is sponsoring 50 ongoing projects and activities in the sexual transmission area in 26 countries: Burkina Faso, Cameroon, Ghana, Kenya, Mali, Nigeria, Tanzania, Zaire, Zimbabwe, Bolivia, Costa Rica, El Salvador, Guatemala, Mexico, Ecuador, Dominican Republic, Haiti, Dominica, St. Lucia, Antigua, Trinidad, St. Vincent, Granada, Thailand, Sri Lanka, and the Philippines.

Twenty-one additional projects are awaiting approvals or are under development in 14 countries: Burkina Faso, Burundi, Cameroon, Central African Republic, Kenya, Niger, Tanzania, Zaire, Zimbabwe, Dominica, Barbados, Ecuador, Mexico, and Thailand. (See Table 2, page 2).

Lessons Learned

Since 1987, AIDSTECH has worked with 80 sexual transmission projects in 33 countries. The following are among the lessons learned:

- Intervention programs should be built into existing institutional structures as much as possible; peer education programs are probably more difficult to sustain than STD clinic programs.

- Despite the common denominator of sex for money or items of monetary value, there are different types of prostitutes and different types of prostitution in different environments.

- On the whole, primary risk groups can be identified and targeted, are very receptive to targeted interventions, and can change and sustain risk reducing behavior

- The biggest obstacle to the development of interventions for high risk groups are policy makers and health care providers.

- Peer education is an acceptable and successful approach to reaching prostitutes.

- Clients also need to be reached for a program to be successful

- Prostitutes may not regard sex with their regular partners (especially boyfriends) as high-risk and will often not use condoms with them

- Social support organizations and groups that are willing to be involved with the intervention do exist.

- Availability of and accessibility to condoms is often a major problem.

2. PREVENTION OF HIV TRANSMISSION THROUGH BLOOD TRANSFUSIONS

General Strategy

The second priority of AIDSTECH is to prevent the transmission of HIV through transfused blood. Accounting for up to ten percent of AIDS cases worldwide, this is the most efficient mode of transmission. The frequency of HIV infection through blood transfusions depends on the prevalence of HIV in the population, the number of transfusions performed, and measures existing for excluding the transfusion of contaminated blood. The strategy for ensuring a safe blood supply includes:

- strengthening blood screening programs;

- improving blood transfusion practices; and

- encouraging free and voluntary blood donations by persons not at risk of HIV infection.

Strengthening Blood Screening Programs. Screening of blood for transfusion is usually the first concrete action a government takes in AIDS control. This is largely due to the fact that proven technologies exist, immediate action is possible on the basis of results, and the assays are not of insurmountable complexity.

AIDSTECH provides technical assistance and training and supports applied research aimed at improving cost-efficient methods for HIV screening. Programs typically include:

- providing technical assistance to assess and plan HIV screening programs. Emphasis is placed on developing HIV testing networks which can easily support quality assurance and continuing education programs;

- assisting in the development and maintenance of national quality assurance programs for HIV testing, thus assuring accurate test results as well as serving as an important evaluation tool following training and initiation of new techniques;

- training of laboratory technicians in HIV testing techniques, laboratory safety, quality control, and laboratory management. A "train the trainers" approach has been adopted to strengthen the capacity for continuing educational programs;

- applied research projects to identify and validate appropriate technology for HIV testing, such as evaluation of simple, rapid tests for HIV and evaluation of alternative and practical testing strategies;

- evaluating techniques such as serum pooling as a cost-effective alternative to single sample testing in countries with a low prevalence for HIV and a large volume of testing; and

- distributing technical information on HIV testing and blood transfusion practices to laboratory and blood bank managers as part of AIDSTECH's Information Dissemination program.

Improving Blood Transfusion Practices. Measures in addition to screening tests are needed to assure efficient, effective, and sustainable programs for preventing HIV transmission through blood. A first concern must be the reduction of the number of blood transfusions performed unnecessarily or inappropriately. If this can be achieved, the demand for blood will decrease dramatically, thus lightening the burden placed on the screening program, as well as reducing the risk of transmission of infectious agents.

AIDSTECH assists countries in evaluating their blood transfusion policies. Typically, countries are provided assistance to:

- describe the current transfusion practices within the country;

- define the risks of blood transfusion;

- define the indications for transfusion of blood and blood products;

- identify the alternatives to blood transfusion and promote their use; and

- develop and distribute guidelines for blood transfusion.

Risk-Free Blood Donations. Efforts must be made to identify risk behaviors in blood donors and to discourage those practicing these behaviors from donating blood. Free and voluntary blood donation should be encouraged, and commercial sources of blood should be eliminated or reduced in a manner so as not to create critical shortages of blood. Blood donor recruitment programs should be strengthened to meet the increased demand for safe blood. Programs typically include:

- development of surveys that offer the opportunity to examine risk factors in donor population;

- development of guidelines for donor deferral; and

- development of strategies to increase voluntary blood donations and decrease dependence on commercial systems.

Project Progress

AIDSTECH is sponsoring 11 ongoing blood transmission activities and projects in seven countries: Cameroon, Kenya, Dominican Republic, Trinidad, Ecuador, El Salvador, and Bolivia. Three additional projects are awaiting approval in Malawi and Kenya.

National programs for Quality Assurance in HIV testing are being supported in Cameroon and Kenya. These programs will not only improve the safety of the blood supply but will serve as an important evaluation tool.

Rapid and simple tests that can be produced inexpensively are undergoing feasibility studies in Kenya and Cameroon. AIDSTECH is working with PATH and the University of Nairobi to evaluate the PATH HIV-1 Dipstick in two sites in Kenya. They also will investigate the feasibility of producing this test in-country. International Health Services has developed a simple test for whole blood with practical and convenient packaging; field studies are currently being conducted in Cameroon to determine the efficacy of this test.

The information dissemination program targeted for blood bank and laboratory managers was evaluated, and it was decided that the program will be expanded and continued.

AIDSTECH is examining the pooling of sera for HIV testing as a cost saving measure. Data collection has been completed in two countries and continues in two countries. In the Philippines, the SERODIA test was the most adaptable to the pooling method. It was found that 15 sera can be pooled without loss of sensitivity or specificity at a tremendous cost savings. For practical reasons, the Red Cross in Ecuador chose to pool three specimens and found that the technique worked well with all assays examined.

Training workshops were held in Bolivia and El Salvador. Laboratory managers were trained in ELISA, Rapid Tests, and confirmatory tests as well as Quality Assurance and Laboratory Safety. Those trained will conduct further training within their country.

During the next six months a project will be initiated in Malawi to study the attitudes of Malawians towards blood donation. The results of this study will be used to improve the blood donor recruitment program in Malawi. AIDSTECH will continue to strengthen quality assurance for HIV testing and to improve blood transfusion practices.
Lessons Learned

Since 1987, AIDSTECH has completed 17 blood transmission prevention projects in 13 countries: Burkina Faso, Burundi, Cameroon, Ghana, Kenya, Malawi, Senegal, Zaire, Zimbabwe, Guatemala, Ecuador, Peru, and the Philippines. Activities have included provision of HIV screening equipment and supplies, training of laboratory technicians, evaluation of appropriate tests for HIV as well as technical assistance in evaluation, and planning of blood screening programs.

The following lessons have been learned:

- The HIVCHEK test is sensitive for detecting antibody to HIV-1 and is appropriate for use in district hospitals as a cost-efficient alternative to conventional HIV testing.
- Two rapid, simple tests used in sequence is a valid, cost-effective option to the ELISA-Western blot sequence.
- Training is required for the Rapid Tests.
- Tests which include HIV-2 should be evaluated.
- Sending supplies from the United States requires good in-country coordination, record keeping, and communications.
- Countries must plan early to establish systems for supply procurement.
- Workshops have shown the appropriateness of the competency-based approach to training.
- Blood transfusion practices vary considerably even within a country, and there is much room for improvement.
- There is a need for further evaluation of Blood Transfusion Practices.
- Blood screening activities require constant monitoring.
- Preliminary results show that pooling of blood specimens is a less expensive and practical means of blood screening in populations with a low HIV prevalence rate and a high volume of testing; the SERODIA test can be used to pool 15 sera without loss of sensitivity or specificity.

3. PREVENTION OF HIV TRANSMISSION THROUGH IV DRUG USE

General Strategy

In Thailand, and perhaps other countries of Asia, one of the major routes of transmission of HIV has been through the use of contaminated needles by intravenous drug users (IVDUs). The basic messages to drug users are: 1) stop using drugs; 2) if you cannot stop, do not share needles; and 3) if you share needles, then disinfect needles and syringes. The prevention of sexual transmission from IVDUs to their partners also is emphasized, although drug users appear to be less sexually active than the general population.

Project Progress

AIDSTECH has supported two projects in Thailand to determine the most effective ways of encouraging risk reduction behavior among IVDUs. Both projects used a variety of training devices, educational aids, and outreach approaches. An evaluation component is assessing the relative effectiveness of different categories of outreach workers in interventions with IVDUs.

Lessons Learned

- Personal contact needs to be maintained with the target population in order to reinforce and sustain risk-reducing behavior change.
- Peer educators are the most effective outreach workers because they gain the trust of the target population. Drop-out rates are high, however, and the cost of re-training must be balanced against the effectiveness of this approach.
- Social workers can be effective in education and communication.
- Non IVDUs who were streetwise were least effective in education and communication.
- Coordination is needed between community leaders and local police in order for local authorities to understand the consequences of the disease and prevent disciplinary action against outreach workers or peer educators working with IVDUs.
- Strict program monitoring and supervision are needed on an ongoing basis.

4. INFORMATION, EDUCATION, COMMUNICATIONS AND TRAINING

General Strategy

The AIDSTECH Information, Education, Communication, and Training program assists AIDSTECH intervention programs by:

- providing skills training in IEC design, implementation, and evaluation;
- assisting with the development of IEC materials;
- developing innovative, effective IEC models that can be adapted for regional/local programming; and
- providing technical training, using a "train the trainers" approach

Providing Skills Training. AIDSTECH focuses on improving country/regional capacity in IEC programming through skills training in IEC design, implementation, and evaluation; design of appropriate evaluation strategies; identification of appropriate agencies and country/regional resources; and improving implementation and management of social marketing, health promotion, peer education, condom promotion, prevention counseling, and blood donor campaigns for AIDSTECH intervention projects.

Long-term sustainability of IEC programming is promoted through the establishment of systems to implement effective AIDS education and communication programs and to provide counseling assistance within the scope of AIDSTECH intervention projects.

Developing AIDSTECH Intervention IEC Materials. AIDSTECH works closely with in-country educators and communication specialists to develop culturally appropriate educational materials and communication campaigns, including brochures, posters, point-of-purchase materials, training manuals, and media messages.

Developing IEC models. Making use of available research regarding educational methodology and behavior change, along with extensive field testing, AIDSTECH is working to develop education and communication models that can be adapted and applied throughout the developing world. This work has focused on model training programs that can be replicated easily and educational material "templates" for adaptation to local messages and styles.

Providing Technical Training. AIDSTECH training activities have been directed at two principal audiences: laboratory technicians and health care providers. Since it is not feasible for AIDSTECH to provide individual training for each member of the target audiences, AIDSTECH has adopted a "train the trainers" approach, preparing those in supervisory positions to initiate in-service training of persons they supervise.

The principal focus of AIDSTECH training is to assist trainees to acquire, enhance or maintain skills, rather than to concentrate on knowledge transfer. Thus, training is competency-based, and evaluation is based on the trainees' subsequent performance, as assessed by means of measurable or observable criteria.

AIDSTECH has provided training assistance in the following areas: training of laboratory supervisors as trainers, training in indications for blood transfusion and alternatives to blood transfusion, training in precautions, sterilization and disinfection for health care workers, training in epidemiologic methodologies, and training of project managers.

Project Progress

IEC and training assistance has been provided to projects in eight countries in the past six months: Dominica, St. Lucia, Mexico, Bolivia, El Salvador, Brazil, Dominican Republic, and Trinidad.

AIDSTECH has worked with the Planned Parenthood Association (PPA) of Dominica and the Caribbean Family Planning Association (CFPA), based in Antigua, to develop a "lifestyle" condom promotion campaign. This campaign seeks to increase condom sales with a promotional message that focuses on lifestyle issues without dealing directly with the issues of AIDS, family planning, or health. The campaign has several distinct components: promotional posters, point-of-purchase distribution boxes, condom symbol creation, condom buttons, and condom promotion training. Working with staff from AIDSTECH, CFPA has created a "lifestyle" poster to be distributed throughout the Eastern Caribbean. In addition, AIDSTECH has worked with artists and box manufacturers to develop the appropriate structures, images, and messages for a campaign to be piloted in the Community Based Distribution (CBD) outlets of Dominica. The condom promotion campaign is to be implemented in October, 1990 and, making use of the comprehensive accounting system of the PPA, evaluation will involve measuring changes in condom sales throughout the CBD system. The condom symbol will enable shopowners to inform customers that "condoms are available here" in a recognizable way with minimal text. To support all of this work, AIDSTECH will assist in the development of a condom promotion training for Ministry of Health (MOH) and PPA staff in Dominica.

AIDSTECH is also working with project staff in St. Lucia and Trinidad to develop educational materials for use in the intervention projects with STD patients, migrant farm workers, prison inmates, and commercial sex workers. Along with MOH staff, AIDSTECH has conducted qualitative research to field-test preliminary print materials for use in the STD educational programs. An educational checklist, patient record form, and patient risk assessment form are being developed for use by STD clinic staff.

In Mexico, AIDSTECH is supporting, through its PVO Small Grants Program, the work of Mexicanos Contra el SIDA (MCS) to develop a radio soap opera about AIDS targeted toward young women in Mexico City. AIDSTECH has assisted in the development of the story line, pilot scripts, and pre-testing and evaluation plans. The soap opera is to consist of 20 episodes to be broadcast on the city's privately owned radio stations.

AIDSTECH is working with the AssociaÃao Brasileira de Entidades de Planejamento Familiar (ABEPF) in Brazil to provide training in the development of AIDS education materials for low-literacy/non-literate audiences. AIDSTECH has supported ABEPF through its initial development phases of the project and is helping the organization build on its strong history of outreach to this audience through its family planning clinics and services throughout Brazil.

AIDSTECH has worked closely with the AIDS program staff in St. Lucia to develop and implement a model training program for STD clinic staff and Family Life Educators in AIDS/STD education and counseling. AIDSTECH conducted the week-long training course to improve the skills of the personnel involved in developing the various AIDSTECH-supported high-risk group interventions in St. Lucia. This model training program is being developed for use and/or adaptation by other countries, as well.

AIDSTECH has provided training for the outreach workers and STD clinic staff in sexuality and AIDS education issues to facilitate their work in reaching commercial sex workers in Trinidad and Tobago. The educators and counselors

participated in a training program tailored specifically to the needs of the staff in Port of Spain and will build on this training as they conduct their street outreach.

As part of its on-going work with PROCETS in the Dominican Republic, AIDSTECH has assisted the AIDS prevention project staff in the development of training modules and educational materials to address STD-related education with commercial sex workers in Santo Domingo and Puerto Plata.

AIDSTECH conducted two workshops in Bolivia and one in El Salvador on the use of selected ELISA and rapid tests. In Brazil, the Implementing Agency for Cooperation and Training (IMPACT) has recently completed a peer education project, the Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM) has initiated a series of workshops for health professionals, and the Centre de Controle e Investigacao Imunological (CCII) will soon embark on a workshop program designed to enhance institution development.

In addition, initial drafts of the following materials have been produced for field-testing:

- STD Workshop on Laboratory Diagnosis
- STD Workshop on Sample Collection
- Workshop on Organization of Focus Groups
- Workshop on Competency-Based Training
- Workshop on Quality Assurance
- Workshop on Institutional Management

During the next six months, prototype materials for migrant workers, commercial sex workers, and prisoners will be finalized. Work on the film "The Faces of AIDS in Africa" will begin. A training workshop for laboratory supervisors on quality assurance in HIV testing in Kenya is planned.

Lessons Learned

Since 1989, AIDSTECH has worked on the IEC components for ten projects in ten countries and has conducted 15 workshops in nine countries. The following lessons have been learned:

- In the Eastern Caribbean, literal representations of IEC materials are preferred.
- High quality design, photography, and print work can be produced in Antigua and Barbados.
- Workshops have confirmed the appropriateness of the competency-based approach to training. They demonstrated that significant gains in skills and knowledge can be obtained with minimal outlay, provided that initial planning and coordination are accomplished well before the workshop date.
- The project development process has been an educational experience for PVOs and community based organizations conducting training in that it obliges them to define precisely the outcomes they expect from a given project, examine the resources required to achieve those outcomes, and devise strategies for accomplishing them.

5. DEVELOPMENT OF SURVEILLANCE SYSTEMS

General Strategy

To plan for the impact of AIDS and to design programs to prevent the further spread of HIV, information is needed on the number of persons infected with HIV, the HIV incidence rate, and the impact of interventions programs on the evolution of the AIDS epidemic. The strategy for accomplishing this includes:

- HIV and STD surveillance; and
- targeted surveillance.

HIV and STD Surveillance. AIDSTECH has assisted in the study of sentinel groups who are at increased risk of exposure to HIV such as STD clinic attendees, persons with multiple sexual partners, and military personnel or frequent travelers such as seamen or truck drivers. Testing of several hundred blood samples from identified risk groups has provided valuable information on the pattern and distribution of HIV infection. The groups are being retested at regular intervals to document the spread of the epidemic.

Since WHO/GPA has now developed standard training materials for HIV sentinel surveillance, there is only a limited need for AIDSTECH technical assistance in this area. STD sentinel surveillance in the context of national health statistics is also an area of WHO/GPA interest; AIDSTECH will not duplicate these efforts.

AIDSTECH will continue to support surveillance where projects have already been initiated and will respond to special requests for technical assistance as appropriate.

Targeted Surveillance. Targeted STD surveillance will be a priority for AIDSTECH as part of the evaluation of its intervention projects. STD surveillance will help verify reported behavior changes and can serve as a proxy for changes in HIV incidence, since few, if any, projects will be able to demonstrate a direct effect on HIV transmission.

AIDSTECH is evaluating the usefulness of self-reported STD histories by men. Since STDs are more symptomatic in men than in women, reported symptoms of urethral discharge and genital ulcers may provide reliable estimates of the incidence of STDs. If shown to be a successful methodology, such surveys may provide a valid, rapid, and inexpensive means of monitoring STD infection levels and of assessing the effectiveness of interventions designed to reduce high-risk behavior. AIDSTECH has coined a term for the use of reported male STDs, the QuiSTD Index, for Quick, Interview-based, STD Index. The QuiSTD Index is the percent of men of a particular age group who report having had an STD during a defined period, such as the previous 6 to 12 months.

Project Progress

AIDSTECH is sponsoring three projects in Burkina Faso, Burundi, and Cameroon and is providing technical assistance in Malawi, the Eastern Caribbean, the Dominican Republic, and Bolivia.

In Burkina Faso, AIDSTECH is providing assistance in the development and validation of cost-effective methods of STD surveillance, including the surveillance of male sexual behavior and STD history. The project has three components: screening pregnant women, monitoring prevalence and antibiotic sensitivities of STDs, and surveys of male sexual behavior and STD history.

The first prospective study of the QuiSTD Index was performed among 300 men in Bobo Dioulasso in July and August, in collaboration with the Centre Muraz, the Office of Worker Health, and the National Army. Overall, the QuiSTD Index for the past 6 months among 19 to 35 year old men was 22%. Men with more casual partners and men who use condoms less frequently reported higher rates of STDs. This survey will be repeated at 6 month intervals to provide information on STD trends and their relation to the condom social marketing program being started in Burkina Faso. The report of the presence of genital ulcers was more reliable than the history of painful urination, but bacteriologic testing was not available to confirm urethritis reports. The next survey will use leukocyte esterase testing to verify reports of urethritis, rather than simply looking for the presence of a discharge. AIDSTECH also is planning to do a study in one or two sites in Cameroon to help assess the reliability of reported STDs, compared to clinic records.

The cohort surveillance project in Burundi started by testing 1,525 workers from six companies in Bujumbura during the months of May and June. Due to logistic problems with testing reagents and an underestimate of the number of Western blot tests which would be needed, serologic results are not yet available.

In the next six months, a similar sized cohort of university students is to be tested. A cohort of military personnel had been planned, but after discussions with NACP personnel, it was decided to drop plans to test military personnel. Military health officials are already working on studies of seroprevalence among military personnel.

In Cameroon, AIDSTECH is funding the National Sentinel Surveillance Program, which is being implemented by the Organization Pour la Lutte Contre les Grands Endemies en Afrique Central (OECEAC), a central African regional public health organization, in collaboration with the National AIDS Control Program. The Cameroon sentinel surveillance system is functioning well. First year results show HIV prevalence of 1.0% in pregnant women, 2.1% in STD patients and 2.4% in TB patients.

Lessons Learned

Since 1987, AIDSTECH has provided technical assistance to 13 countries in the area of HIV surveillance. The following lessons have been learned:

- HIV sentinel surveillance data are most useful as an indicator of the general scope of the epidemic and as a source of data for modeling the epidemic and projecting the future number of AIDS cases.
- HIV sentinel surveillance data are not very useful as an evaluation tool for intervention programs.
- Improving clinic-based and community-based STD surveillance methods is probably the best method for evaluating the impact of particular intervention programs.
- Setting up sentinel surveillance sites requires more time and effort than anticipated, and unexpected sources of bias will always appear.

6. RESEARCH

General Strategy

AIDSTECH's mandate is to provide technical assistance in the implementation of interventions to control the HIV pandemic while strengthening the institutions and infrastructures available for this activity. Given this framework, most research activities performed by AIDSTECH are generally of an applied nature, and the results of the research are directly applicable to the needs of the program or project. In addition to applied research activities, AIDSTECH is supporting two programs that address basic behavioral research needs.

The components of the research strategy include:

- Evaluation research
- Operations research
- Epidemiological research
- Research Fellows Program
- Behavioral Research Grants Program

Evaluation Research. The evaluation of project impact and the determination of the most effective project components are essential to replicating, sustaining, and expanding intervention programs. AIDSTECH combines a wide variety of measures, both objective and self-reported by target populations, to assess the success of its various interventions. The objective measures can range from improvement in knowledge of AIDS and how it is transmitted to prevalence and incidence rates of HIV and other STDs. Self-reported measures of behavior change include, but are not limited to, frequency of condom use and contact with commercial sex workers, numbers of different sexual partners in a specified time frame, and history of STDs.

Essential to the measure of project or program outcomes is monitoring and documenting the process and content of an intervention. AIDSTECH has developed and implemented a standardized quantitative report of project activities in its intervention projects. This report allows for the monitoring of project outputs such as the quantity of condoms and/or educational materials distributed, the number of individuals contacted/educated, and the number of examinations/tests

performed each month. These reports aid managers of intervention projects in the monitoring of progress in the field, as well as provide AIDSTECH with specific measures of project output for use in process and outcome evaluations and the assessment of cost-effectiveness.

Operations research. As AIDSTECH's initial series of pilot interventions mature and lessons are learned, a more formal assessment of effectiveness and outcome has been initiated in the form of specific Operations Research projects. It is apparent that a wide variety of intervention modalities can have some influence on the target population with respect to HIV-related behaviors, but their relative influence and sustainability are difficult to assess when the populations involved are scattered over a wide variety of cultures and situations.

Some of the specific questions to be addressed by the current activities include: the relative effectiveness of community outreach activities versus clinic-based educational efforts; free condom distribution versus social marketing of condoms; traditional social marketing outlets versus outlets based on risk behavior—bars, hotels, etc.; increasing the effectiveness of CSW-directed interventions by incorporating client approaches; and finally, incorporating AIDS prevention messages and activities into primary health care and family planning infrastructures versus more vertical project implementation.

Epidemiologic Research. AIDSTECH's activities in the area of applied epidemiologic research have centered around the association of other STDs with the transmission of HIV and the evaluation of barrier methods in the prevention of HIV transmission. The provision of technical assistance to establish and use data from surveillance systems for both HIV and STDs has been a major activity in this area. These systems will not only provide long-term information regarding trends in these diseases, but can also serve as evaluation tools for large-scale intervention projects.

Other possible areas for future epidemiologic research by AIDSTECH include the interaction of ulcerative and non-ulcerative STDs and HIV transmission and the epidemiology of HIV spread among intravenous drug users.

Research Fellows Program. AIDSTECH has initiated a AIDS technical assistance Research Fellows Program. The purposes of the program are to:

- o provide training for U.S. citizens in behavior research in developing countries; and
- o strengthen behavior research skills in developing countries and increase expertise in behavior research.

The need for behavior research in AIDS is growing. Information on sexual behavior patterns and how they can be changed and on effective ways to decrease sexual transmission of HIV is essential for planning large scale programs to stop AIDS. Through the Fellows Program, AIDSTECH responds to the need to train professionals in behavioral research to mount effective programs aimed at changing and sustaining behavior changes. This fellowship will provide an opportunity for the selected participants and their in-country counterparts to gain valuable field experience and to start their international health careers.

Each Fellow will undertake a research practicum under the close supervision of a preceptor: an FSH professional staff member and/or a technical advisor from a U.S. academic institution. Fellows will work closely with their preceptors to develop, implement, and publish the results of their research projects.

Behavioral Research Grants Program. AIDSTECH is coordinating the Behavioral Research Grants Program which funds U.S. and collaborating developing country research centers to carry out basic research into understanding the extent and nature of high-risk behaviors, determining how to modify such behaviors, identifying barriers and enhancers to behavior change, and determining how to sustain behavior changes.

The Program is funded by A.I.D., the National Center for Nursing Research (NCNR), the National Institute of Child Health and Human Development (NICHD), and the National Institute of Aging (NIA), in consultation with the National Institutes of Health Office of AIDS Research (OAR) and the Fogarty International Center (FIC).

Research will be conducted in two phases. Phase I has been funded for 12 months and will consist of a preliminary feasibility study for the larger body of work to be undertaken in Phase II. Phase II funding will be for up to three additional years. During Phase I, awardees will establish working relationships with their developing country counterparts and will, if necessary, modify or refine their research designs to ensure successful completion of the entire project.

Throughout phases I and II, information will be shared through annual workshops and a semiannual Newsletter/Research Notes Series. Four annual workshops will be held in conjunction with the annual International Conference on AIDS. The purpose of these meetings will be to exchange ideas and information on each project's progress and to provide opportunities for problem-solving and results-oriented discussions with grantees and funding agency program staff.

Project Progress

Operations Research activities addressing relevant questions are incorporated into projects underway or in development in Costa Rica, Thailand, Ghana, Kenya, Zaire, Cameroon and Mexico.

Laboratory and epidemiologic data indicate that barrier contraceptives lower the risk of contacting STDs. However, conclusive data supporting the assertion that barrier methods can be effective in preventing sexual transmission of HIV are missing. AIDSTECH is working with the Reproductive Epidemiology/STD Division of Family Health International to implement a prospective two-year study of the association between barrier contraceptive use and HIV infection.

The Fellows Program selected as its first Fellow Dr. Priscilla Ulin, an Associate Professor in the Department of Community and Mental Health of the School of Nursing at the University of North Carolina at Chapel Hill. Dr. Ulin proposes to implement a project in Kenya entitled, "The Status of Women and Health Decision-Making: Reducing the Risk of HIV Infection in a Traditional Community." Since her acceptance as a Fellow, Dr. Ulin, in concert with AIDSTECH staff, has identified a developing country counterpart as co-principal investigator for her research. Together they have developed a research proposal that has been submitted to the Kenya National AIDS Committee for review. Implementation of the project is scheduled to begin in October, 1990. Two additional Fellows will be recruited in the next year.

Behavioral Research Grants Program applications submitted by July 10, 1990, were reviewed both for scientific and technical merit and for programmatic relevance to funding agency priorities, including the potential for strengthening capabilities of developing country researchers and the relevance to intervention programs. On September 14, 1990, the Behavioral Research Grants Program Committee approved nine grants as follows.

Country	U.S. Institution	Research Project Title
Zimbabwe	University of Washington School of Nursing	Understanding Condom Use and AIDS Prevention in Zimbabwe
Jamaica	UCLA Neuropsychiatric Institute	AIDS Related Sexual Decision Making Among Jamaicans
Botswana	University of Illinois College of Nursing	Peer Education for AIDS Prevention Among Botswana Women
Haiti	Johns Hopkins University School of Hygiene and Public Health	Culture, Health & Sexuality: Reducing HIV Risk in Haiti
Mexico	The Population Council Regional Office	Influencing Risk Behaviors of Bisexual Males in Mexico, Latin America & Caribbean
Thailand	Columbia University Center for Population	Behavioral Research for AIDS Prevention in Thailand and Family Health
Indonesia	University of Michigan School of Public Health	AIDS Risk Behavior Among Sex Workers and Clients in Bali
Chile	University of Pennsylvania School of Nursing	A Nursing Intervention to Prevent AIDS in Chile
Uganda	Case Western University	The Sociocultural Context of AIDS

In November 1990, AIDSTECH will conduct an orientation workshop for all U.S. Principal Investigators at FHI headquarters in North Carolina. A team comprised of AIDSTECH, A.I.D., and NIH personnel will visit each research site in March/April 1991. They will evaluate research progress to date and make recommendations for Phase II funding.

7. HEALTH CARE FINANCE ASSISTANCE

General Strategy

Many countries are implementing programs to prevent HIV infection and treat persons with AIDS. Such programs require resources that are in short supply. Financial planning to ensure that such activities can be supported over the long term is essential. Decision-makers need to determine the most cost-effective means of providing services to prevent HIV and care for persons with AIDS.

AIDSTECH offers assistance in the development of financial planning to ensure that resources are available to implement, replicate, and sustain programs. AIDSTECH provides technical assistance to countries in selecting the most cost-effective prevention and treatment strategies.

Project objectives are to:

- promote sustainable interventions through development and implementation of improved methods for financial planning and analyses;
- develop the ability of local programs to compare the cost-effectiveness of two or more intervention programs and to assess the cost-effectiveness of different components within an AIDS control intervention program; and
- measure the economic impact of AIDS on nations.

Sustainability. As with other public health programs, costs of AIDS prevention programs can be categorized into start-up costs and operating/recurrent costs. While external donor support is generally available for the former, considerable planning and creativity will be required to develop sources of revenue to maintain and expand ongoing operations.

Sustainability strategies should focus not only on user fees or other direct revenue measures but must also promote the strengthening of administrative infrastructures able to manage these programs on a long-term basis. Skills needed include financial planning, marketing, accounting, and program management.

Considerable planning and creativity will be required to develop prevention interventions which will continue after AIDSTECH support is d scontinued. The AIDSTECH finance program is evaluating several strategies and projects aimed at improving potential for sustaining interventions. In general, these include improved analyses and planning so that projects are not overly ambitious in terms of required recurrent costs to maintain interventions. Costing models are being developed so that host countries can forecast recurrent costs for alternative intervention scenarios. Discrete technical assistance in analyzing costs and developing plans for meeting recurrent costs supplement our work in developing methods for improved financial planning of AIDSTECH programs.

Cost-Effectiveness. The magnitude of resources needed to address the AIDS crisis and the competing demands for available resources require that prevention and treatment programs be as cost-effective as possible. Policy makers need quantitative indicators of cost-effectiveness on which to base their resource allocation decisions in order to be more successful in structuring these programs. Better understanding of cost-effectiveness can improve utilization of scarce resources; for example, intervention approaches to decrease high-risk sexual behavior can improve utilization of scarce resources. It is also essential to gain a better understanding of the relative impact of programs to prevent the spread of AIDS, i.e., of expenditures for HIV blood screening and testing, sexual transmission interventions, communications, or training.

Economic Impact of AIDS. Despite a growing concern over the economic burden the AIDS epidemic is imposing on many countries, specific data on the costs of AIDS are scarce. Only a few international studies have estimated the direct and indirect costs of AIDS, and the effectiveness of these studies has been severely limited by incomplete data and inconsistent methodologies. The resulting weak data base on the direct and indirect economic burden of AIDS has

slowed the development of adequate plans to combat an economic problem that is far more serious than the available statistics suggest.

The direct costs of AIDS are the costs of treating and caring for those who suffer from AIDS and the costs of preventive programs. The indirect costs of AIDS to a country's economy are measured in terms of factors that cause a drag on the economic growth. These include the loss of productive workers, potential loss of tourism revenue, increased cost of attracting foreign nationals to work in key strategic industries, and diversion of resources from productive investments to pay for the direct cost of AIDS. Some countries are spending a significant part of their scarce resources on hospital treatment for persons with AIDS. The current and future cost of this care is not known. AIDSTECH has provided assistance in measuring the costs of preventing and treating AIDS. Some studies to quantify the direct treatment costs of AIDS and to compare the cost-effectiveness of alternative approaches to treatment have been completed, and others are underway.

Project Progress

AIDSTECH is sponsoring health care finance projects in five countries: Barbados, the Dominican Republic, Malawi, the Philippines, and Trinidad and Tobago.

AIDSTECH is developing a cost monitoring system to identify the start-up and recurrent costs associated with all intervention projects. In order to facilitate the consistent collection of costs, AIDSTECH has completed a set of preliminary costing guidelines that have been field tested in the Dominican Republic. In addition, recurrent cost analyses have been performed for high-risk sexual intervention projects in the Dominican Republic and Mexico. AIDSTECH is also providing technical assistance to GPA/WHO to develop a similar cost-monitoring system for all national AIDS programs.

AIDSTECH is developing a simple decision-support model for blood collection and processing. This costing model will provide developing countries with a user friendly computerized tool to be used to improve blood collection, processing, and transfusion. It will assist countries in: measuring met and unmet demand for blood services; measuring existing resources and resource shortfall for meeting the demand; projecting demand and the need for resources; and planning for the cost of alternative scenarios for improving or expanding blood transfusion services. The model will also provide a country mapping of existing resources for supplying and processing HIV-free blood. This model has been programmed to reflect the costs and impacts of various country-specific strategies. Within the next six months, AIDSTECH will test this model with data from the Dominican Republic, Trinidad and Tobago, and the Philippines.

AIDSTECH is encouraging further resource development in the private sector. Strategies for engaging the private sector in the fight against AIDS have been finalized, and discussions with industry leaders have begun in the Dominican Republic.

Lessons Learned

Since 1987, AIDSTECH has worked on 11 health care financing activities in nine countries. The following lessons have been learned:

- There is a great need for developing and institutionalizing routine cost data collection and analysis for AIDS programs. Few data are available on the costs of prevention interventions. Discreet analyses will not, in the long run, be sufficient for effective program planning and management.

- There has been little attention paid to the economic/cost impact of AIDS. A significant portion of the cost is for treating persons with AIDS. Findings from the AIDSTECH study in Mexico indicate opportunities to curtail these costs through improved planning and efficient treatment programs. Saving could be transferred to prevention programs as a strategy to control future treatment costs.

B. OTHER ACTIVITIES

1. AIDS AWARENESS AND MATHEMATICAL MODELING

There is an urgent need for more accurate forecasts of the future course of the epidemic. AIDSTECH is supporting the development of a microcomputer-based simulation model that assesses the impact of the epidemic and projects the effectiveness of potential interventions. The target audiences for this model include policy-makers, technical personnel, and service providers.

A number of models already exist or are being developed. Most models project future trends in the annual number of AIDS deaths, the number of AIDS cases, and the prevalence and incidence of HIV infections in populations in the developing world with given epidemiological, behavioral, and demographic characteristics. They all have different attributes, however, and many are complementary to one another.

Three different modeling approaches have been developed: a simple projection technique, a sophisticated simulation model, and an impact model.

The Simple Projection Model. Based on an approach suggested by the World Health Organization's Global Programme on AIDS, AIDSTECH and The Futures Group have prepared a pre[illegible] model based on HIV seroprevalence estimates. This model can estimate the number of adult and childhood AIDS cases through the year 2000. It can help decision makers understand the implications of HIV's long incubation period. This approach has also been integrated into a demographic projection model called DemProj.

The State Department's Interagency Working Group Model (iwgAIDS). The iwgAIDS model was developed by the IWG modeling team. This model actually recreates the epidemic inside the computer, using a complex program to mimic the social, sexual, and drug using behaviors and relationships of different population groups. Because there are no built in assumptions, this model permits the systematic study of alternate scenarios resulting from changes in the initial conditions.

The IWG simulation model lets the user compare innumerable "what-if?" scenarios based on different assumptions concerning behavioral and biological variables or based on the estimated effects of different control strategies.

The AIDS Impact Model (AIM). AIM was developed by The Futures Group in collaboration with AIDSTECH, based on their experience with the use of demographic models to help policy makers evaluate the benefits of family planning services.

AIM can take the results of the iwgAIDS model or the demographic projection model (DemProj) and show the impact of the AIDS epidemic on a wide variety of sectors, including child and adult mortality, health care costs, hospital bed utilization, population growth, the labor force, costs of prevention versus the costs of care, etc.

Mathematical modeling cannot provide "THE ANSWERS," but it can provide reasoned estimates for policy makers who want to know:

- How many AIDS cases will there be in the coming years?
- Will AIDS have a greater impact than other diseases such as malaria or measles?
- What are the relative costs of prevention programs compared with the future costs of treatment?
- What are the relative effects of different intervention strategies?

The application of these models in a particular country is done in a spirit of technology transfer. The estimates generated by the modeling process become the property of the National AIDS Control Program, to be used to improve policy decisions at the national level.

AIDSTECH and The Futures Group are collaborating closely in the field testing phase of these models in Haiti and Uganda. After these trials, USAID missions will be offered the opportunity to request that a modeling team apply and customize the model for their country. Country specific applications require working with local counterparts to specify model inputs, developing descriptions of feasible interventions, conducting workshops, and making presentations to increase the understanding of the model's results.

2. INFORMATION DISSEMINATION

The AIDSTECH Information Dissemination Program was designed to inform USAID missions, national AIDS committees (NACs), government, private voluntary organizations (PVOs), and technical and health experts in the developing world working in the field of AIDS of the latest developments in AIDS research.

The AIDSTECH AIDS database has added 1,000 documents since the last reporting period and currently has over 5,000 documents, including journal articles, books, reports, pamphlets, presentations, guidelines, trip reports, and training materials cataloged by subject, author, and title. Articles are chosen for the database from a selected list of general medical, public health, and AIDS-related journals, regular searches of MEDLINE and other databases, specialized indices, material requested or provided by the AIDSTECH staff, and documents generated by WHO/GPA, A.I.D., AIDSTECH, and other programs. The material covers AIDS-related aspects of public health, epidemiology, health policy and planning, program development and evaluation, diagnostic tests, blood supply testing and management, high-risk behavior groups, health education, and training.

Documents for the bimonthly mailings are selected on the basis of technical accuracy, regional appropriateness, topical relevance, and suitability for an audience of varied levels of expertise. AIDSTECH currently mails 975 information packages in English to USAID missions, A.I.D., AIDS country coordinators, national AIDS committees, private and non-governmental organizations, and individuals in developing countries. Since the last reporting period, the mailing list has been extensively revised; over 150 individual names from developing countries have been added. In order to keep the actual number of packets to less than 1,000, mailings to some USAID missions have been reduced from six to two packets, especially in those countries with more direct mailings. However, in some instances, at the special request of USAID missions, packets have been increased from six to twenty for distribution in their respective countries.

In addition to the bimonthly English mailing, AIDSTECH compiles and reviews relevant articles and materials in French for a quarterly mailing. Presently, 275 packets are sent to individuals and institutions in French-speaking countries in Africa and the Caribbean.

During this reporting period, AIDSTECH has mailed three English and two French information packages to individuals and institutions in the developing world. (See Appendix 3).

In addition, USAID missions and selected individuals working directly with the AIDSTECH program receive a subscription to Current AIDS Literature. The subscriptions for FY 90/91 have been increased from 100 to 150.

AIDSTECH also funded a project in collaboration with the Center for AIDS Prevention Studies of the University of California, San Francisco and the Joint Center for African Studies of Stanford University and the University of California, Berkeley to compile an annotated bibliography on Sexually Transmitted Diseases in Africa: Sexuality and Health in Sub-Saharan Africa: An Annotated Bibliography. One hundred copies of this bibliography were mailed in March 1990. In response to special requests from the field, an additional 50 copies have been printed and are presently being mailed to individuals in the U.S. and Africa.

In addition to the regular mailings, several special mailings were done during this reporting period:

- WHO AIDS Series no. 5: Guide to Planning Health Promotion for AIDS Prevention and Control (both in English and French).

- Sexually Transmitted Diseases: Treatment Guidelines, published by the Centers for Disease Control, Atlanta, GA.

- AIDS 89 Summary: A Practical Synopsis of the V International Conference, June 4-9, 1989 — Montreal

- Condoms in the Prevention of Sexually Transmitted Diseases: Proceedings of a Conference, published by the American Social Health Association.

Recognizing the need for up-to-date technical information on the rapidly changing field of HIV diagnostics and safe blood supplies, AIDSTECH has developed an information dissemination program targeted for laboratory and blood specialists, which is detailed elsewhere in this report.

AIDSTECH program updates and special articles on AIDS also are disseminated through FHI's quarterly newsletter, NETWORK. A special NETWORK issue on AIDS will be supported in the coming year.

3. CONFERENCES

AIDSTECH supports attendance of international technical specialists and policymakers working in the area of AIDS at international and regional AIDS conferences as a way of bringing together experts in highly specialized fields to exchange information. In addition, AIDSTECH sponsors developing country colleagues to present the results of AIDSTECH-supported research and programs at meetings and conferences.

AIDSTECH provided funds and/or logistic support for 68 representatives from 36 countries to participate in the VI International Conference on AIDS held in San Francisco June 20-24, 1990. In addition, 15 of the above sponsored colleagues received additional funds from AIDSTECH to attend the First International Conference on AIDS and Homeless Youth: An Agenda for the Future, which was held back-to-back with the International Conference in San Francisco June 25 - 26, 1990.

AIDSTECH will sponsor 15 African colleagues to the V International Conference on AIDS in Africa, to be held in Kinshasa, Zaire, October 10 - 12, 1990. AIDSTECH staff will conduct two pre-conference workshops in French and English for colleagues working with high-risk behavior groups and blood screening programs; the first workshop will address issues in implementing targeted interventions for prevention of sexual transmission of HIV, and the second workshop will deal with the evaluation of blood screening programs. AIDSTECH will launch the privately-funded Handbook for AIDS Prevention in Africa, edited by Peter Lamptey and Peter Piot, at this conference. In addition to the AIDS in Africa conference, AIDSTECH will fund participants to the International AIDS and NGO meeting in Paris, November 1 - 4, 1990.

4. INTERNATIONAL TRAINING PROGRAMS

In order to improve the research, IEC, and epidemiological skills of developing country researchers, AIDSTECH has established an International Training Programs Fund. During the first six months of this newly established program, AIDSTECH has provided support for five grantees:

- One Malian colleague, Ms. Madina Boucoum, attended the International Health Programs' Information, Education, and Communication program for AIDS Prevention in Santa Cruz, California. This six-week intensive training course included a field trip to the Los Angeles Regional Family Planning Council and participation in the VI International Conference on AIDS in San Francisco. The major emphasis of the training was Mass Media Communication and Planning, including focus group methodology, development of posters and brochures, and evaluating communication campaigns, and Interpersonal Communication, including counseling for HIV antibody testing and counseling for ARC and AIDS patients and their families.

- Two colleagues, Col. Dr. Boonsri Israngkura and Dr. Wadnazi Gashau, from Thailand and Nigeria, respectively, participated in the Center for AIDS Prevention Studies/World Health Organization (CAPS/WHO) International Visiting Scholars Program. This twelve week course—starting with the VI International Conferences on AIDS—included rigorous basic training in AIDS epidemiology, research design, and biostatistics, with the major emphasis of the program on assisting the Visiting Scholars in developing a specific research protocol in the area of AIDS prevention.

- Two colleagues, Dr. Asamoah-Odei and Mr. Namanja, from Ghana and Malawi, respectively, attended the CDC Course in Surveillance and Applied Epidemiology for HIV and AIDS. This three-week course was conducted by staff from the Centers for Disease Control and included training to conduct surveillance of AIDS and HIV infection,

how to carry out basic epidemiologic studies, and the monitoring and evaluation of surveillance and intervention programs.

5. SMALL GRANTS PROGRAM

The AIDSTECH Small Grants Program was developed to encourage private voluntary organizations (PVOs) to become involved in AIDS prevention activities. PVOs, with their extensive experience in health service delivery and their demonstrated ability for capacity-building at the community level, are often well-placed to carry out HIV/AIDS programs. The Small Grants Program provides support for these community-based organizations and allows them to expand the range of services they provide to include HIV prevention activities.

The Small Grants Program Review Committee meets regularly to make funding recommendations on concept proposals that have prior support of the relevant national AIDS committee and USAID mission. The seventh review was held on June 11, 1990. Of the twelve proposals reviewed, five received favorable recommendations, five applicants received suggestions for further modifying their proposals for resubmission, and proposals from two others were rejected by the committee.

Successful proposals were submitted by Africare, for a commercial sex worker counseling program in the Central Africa Republic; APROFAM, for an STD clinic-base intervention in Guatemala; CEDPA and FLPS, for an AIDS outreach and education training program for community health workers in Kenya; the Kenyan Red Cross, for developing training materials and carrying out a workshop for counselors and other health workers; and the Malawi Red Cross, for carrying out a study on the attitudes of Malawians on blood donation.

The eighth review was held in September, 1990. One proposal from CIDHAL for a Women and AIDS Training Project in Mexico was reviewed and funded.

Since the beginning of the program, a total of 24 proposals have been favorably reviewed by the Grants Program Review Committee. 14 projects are now being implemented with funding and technical assistance from AIDSTECH, six others are in development, and four projects have been terminated due to lack of USAID mission support or by mutual agreement between the PVO and AIDSTECH.

III. REGIONAL PROGRAMS

The pattern and extent of the AIDS epidemic vary by region, as do the strategies and possibilities for intervention. Within the AIDSTECH program, priority is given to the Africa region, followed by Latin America and the Caribbean and the Asia/Near East regions.

Regional and country strategies were based initially on the AIDSTECH needs assessment/program planning visits, as well as on priorities established by USAID missions and the review of national AIDS plans. As programs in many countries have evolved, so has a collaborative strategy development process.

The decision to work in various countries is based on the following criteria:

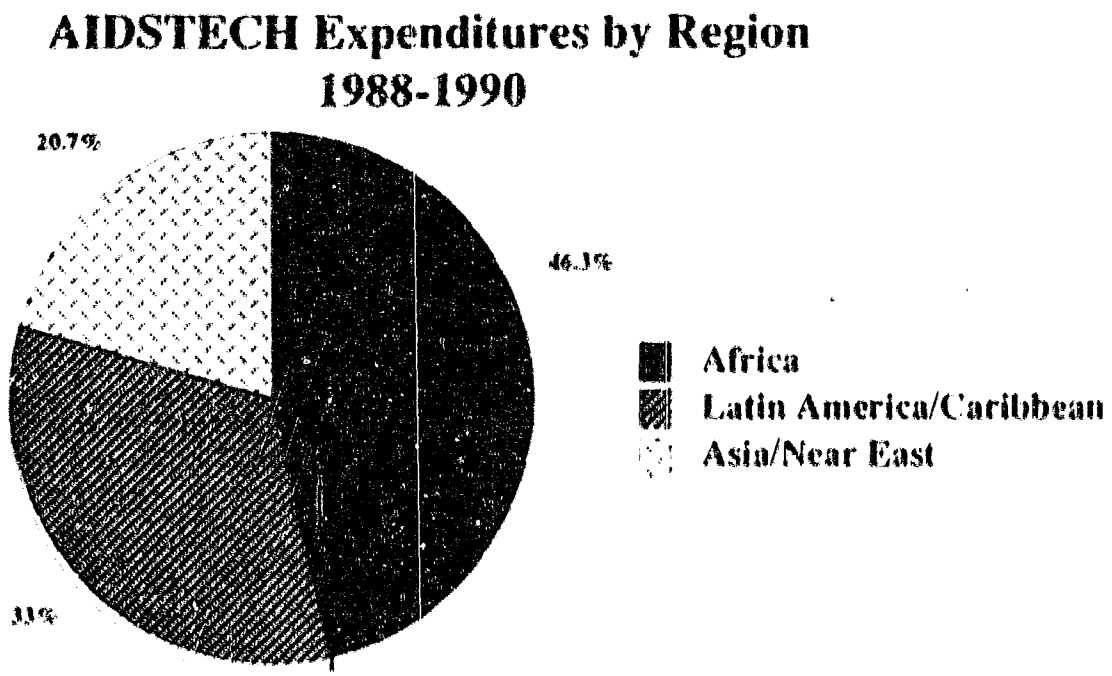
- prevalence of HIV and/or STD infection;
- potential for rapid spread of HIV infection;
- ability of existing health infrastructures or local organizations to implement sustainable programs;
- high potential for program impact;
- AIDSTECH contacts in country;
- willingness of national AIDS committees to work with AIDSTECH;
- USAID mission support for AIDSTECH activities; and

- the availability of add-on or core funding.

In each region, AIDSTECH has identified priority countries where major program efforts are underway. Sixteen countries have been designated as extensive program countries, seven in Africa, seven in Latin American and the Caribbean, and two in Asia and Near East.

Other countries continue to receive AIDSTECH support on a more limited basis. AIDSTECH responds to country needs and mission requests as resources permit.

The chart below shows AIDSTECH field-related expenditures by region. About 46% of field-related program resources have been spent in Africa, 33% in Latin America/Caribbean, and 21% in Asia/Near East.



The following sections describe the patterns of the epidemic in each of the major regions, outline the general strategies for AIDSTECH, and describe ongoing and planned activities.

A. AFRICA

Africa continues to be the continent most affected by the AIDS epidemic. The prevalence of HIV infection in Africa is higher than in other parts of the world, and Africa is less able than other parts of the world to handle the demands placed on its limited health resources.

Fifty-two nations have officially reported a combined total of over 70,000 AIDS cases as of August 1990, but this number represents between one tenth to one fifth of the actual number of cases believed to exist. WHO/GPA estimates that 2.5 million Africans are presently infected with HIV and predicts that the continent will have the largest increase in absolute numbers of HIV infection through the next 20 years. At present, the epidemic shows considerable variation by country, but the observed pattern of spread of HIV between regions and among countries in a region suggests that almost all sub-Saharan African countries will be seriously affected sooner or later.

The epidemic in Africa has the following characteristics:

- Transmission is predominantly by heterosexual contact, with rates of infection roughly equal for women and men.

- The very high STD rates in most African countries are undoubtedly accelerating the heterosexual spread of HIV infection compared to other parts of the world.

- The epidemic's greatest impact has been on urban areas, particularly in Central and East Africa. Some urban centers

have recorded rates of infection as high as 30% among 20 to 49 year olds and over 80% in certain high-risk groups within the population.

- Both intra- and international migration have played a key role in the epidemic. Men migrate from rural areas to the rapidly growing urban areas to find work, periodically returning to their home villages to visit wives and other family members, thus facilitating the spread of the virus.

- Almost all African cities attract relatively large numbers of women who exchange sex for money or other economic favors in order to survive. This situation makes for increases in already high STD rates in general and HIV infection in particular and will hasten the spread of HIV in many African countries.

- As more women of child-bearing age become infected, perinatal transmission plays an increasingly important role in the epidemiology of HIV and is already undermining recent gains in child survival.

- HIV transmission also occurs through unscreened blood transfusions, but most countries have established blood screening programs, at least in major urban areas, that are reducing this mode of transmission.

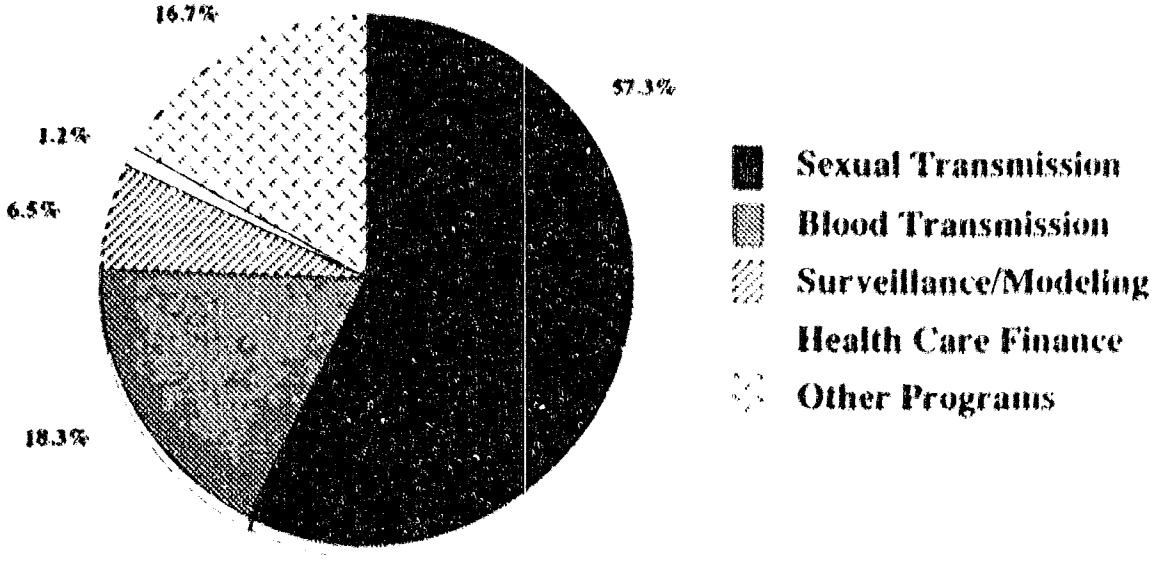
Circumcision and other scarification practices have been identified as potential methods of HIV transmission, but their role is presently believed to be minimal. Intravenous drug use is not a significant mode of transmission in Africa.

In the foreseeable future, the major concern for AIDSTECH in Africa will be to replicate and expand effective, sustainable programs that have begun to decrease sexual transmission, with efforts directed toward altering the behaviors of individuals with multiple partners and their partners.

Planning for program sustainability is an integral part of AIDSTECH activities in Africa. AIDSTECH is sponsoring programs to prevent HIV infection in 14 countries in sub-Saharan Africa; six of these countries have major program efforts (Burkina Faso, Cameroon, Ghana, Kenya, Zaire, and Zimbabwe). In each country, AIDSTECH works within existing health infrastructures in accordance with the desires of the National AIDS Committee (NAC), USAID mission priorities, and WHO global strategies as reflected in countries' Medium Term Plans. In general, working with a country's NAC, regardless of its level of development, has facilitated AIDSTECH technical assistance by providing an identifiable focus for decision-making and coordinating activities.

The chart below shows AIDSTECH obligations for Africa by program area. The "other programs" category includes needs assessments, project development, general program support, conference attendance support, and training programs in disease control procedures for health care workers. Obligations include 57% for sexual transmission programs and 18% for blood transmission programs.

AIDSTECH Obligations By Program Area
Africa



The charts on the next page shows field-related program expenditures for Africa by program area. Other programs, mainly conference attendance, needs assessments, and project development efforts, accounted for 70% of the 1988 program expenditures; this decreased to about 18% in 1989 and 1990. Blood transmission expenditures were high in 1989 (43%), decreasing to 19% in 1990. Sexual transmission expenditures, 6% in 1988, increased to 33% in 1989, and 53% by 1990, showing the effect of increased project implementation in this program area.

Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the 14 countries where AIDSTECH works are described in more detail below. Accomplishments in last six months and plans for next six months are given for ongoing projects and activities. Lessons learned are detailed for projects completed during the reporting period.

AFRICA INTER-REGIONAL

AIDS Education. A project supported by the AIDSTECH Small Grants Program has been initiated with the Adventist Development and Relief Agency (ADRA). ADRA is organizing and administering a series of ten workshops at selected locations in Africa. The workshops are designed to influence the behavior of hospital staff, personnel of local PVOs, government health workers, and community members so that they adopt measures for the prevention of the spread of HIV in the context of their work and in their private lives. At least 400 people will be trained in knowledge and skills related to AIDS prevention.

Accomplishments in last six months.

- *Since the project began, workshops have been held in Uganda, Burundi, Zambia, Rwanda, Lesotho, Nigeria, Tanzania, and Cameroon.*
- *A total of 520 health workers and community leaders have been trained.*

Plans for next six months:

- *Hold workshop in Malawi.*

Policy Development. AIDSTECH has received funding from the REDSO/WA AIDS unit to prepare a regional strategy for integrating AIDS prevention activities into Child Survival projects in West Africa. The components of this project include an analysis of the ongoing Child Survival Projects in two countries in the region and the preparation of a report summarizing observations and outlining recommendations for policies and procedures.

In conjunction with the REDSO/WA office in Abidjan, Cote d'Ivoire, AIDSTECH selected Ghana and Senegal for site visits. AIDSTECH assembled two teams of three consultants to conduct the country analyses. The site visits lasted ten days in each country and were preceded and followed by a visit to Cote d'Ivoire to be briefed by and to debrief the REDSO/WA office staff.

The team identified opportunities for and constraints to integrating child survival and AIDS prevention activities in West Africa.

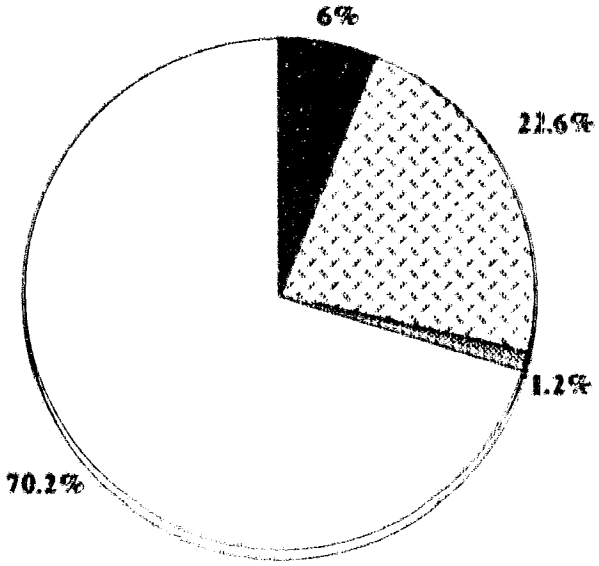
Accomplishments in last six months:

- *Background materials were assembled, and a list of issues to be studied during site visits was prepared.*
- *Field visits to Ghana and Senegal were conducted in May 1990.*
- *Preliminary report was prepared in July 1990.*

Plans for next six months:

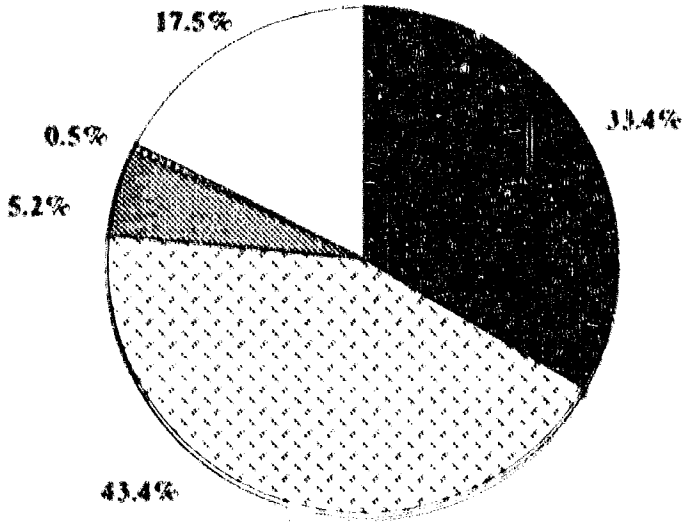
- *Finalize and disseminate the report.*

AIDSTECH Africa Program Expenditures By Program Area



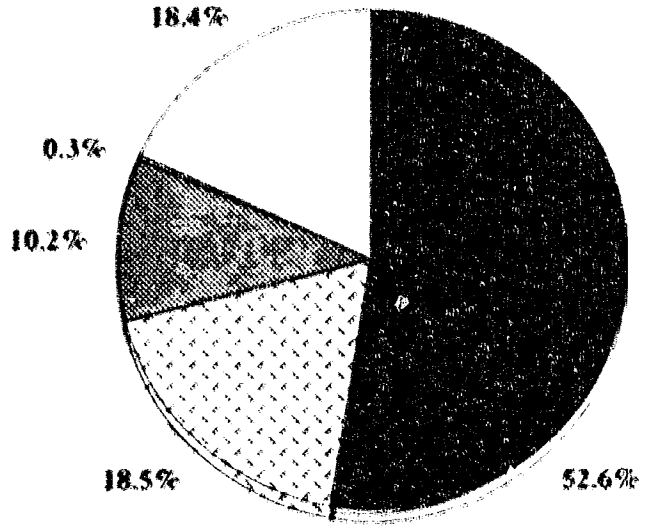
FY 1988

- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs



FY 1989

- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs



FY 1990

- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs

AIDS in Africa Video. AIDSTECH has submitted a proposal for an educational trigger video to be used in AIDSTECH interventions throughout Africa. This video will present the "Faces of AIDS in Africa" to help clinicians, educators, and counselors more effectively address AIDS-related situations in their work.

Accomplishments in last six months:

- *A video proposal was designed.*
- *A detailed video/film production budget was developed.*
- *Potential film makers were identified.*
- *A project proposal was submitted to AID/Washington.*
- *Preliminary discussions were held with several African countries to obtain approval for filming.*

Plans for next six months:

- *Receive AID/Washington approval for the project.*
- *Finalize countries where filming is to take place.*
- *Select film crew to be involved in the project.*
- *Develop detailed evaluation plan.*
- *Complete field research in the selected countries.*
- *Outline film content and structure.*
- *Begin actual filming for project.*

BURKINA FASO

Burkina Faso is an AIDSTECH Extensive Program Country. AIDSTECH is working in Burkina Faso to reduce sexual transmission of HIV among groups at increased risk of infection, to assist the national AIDS committee in developing a national condom social marketing program, and to develop a cost-effective community-based STD surveillance and control program.

Intervention with High-Risk Groups. A pilot intervention with two high-risk behavior groups was initiated with the Ministry of Health and Social Welfare in November 1988. Phase I of the project, consisting of a KAP survey, an intervention, and an impact evaluation in two groups at high-risk in Ouagadougou —women with multiple partners and male STD patients—has been completed and is being expanded to other areas of the country. There are an estimated 1500 commercial sex workers (CSWs) in Ouagadougou.

Accomplishments in last six months:

- *To date, 50,000 condoms have been distributed to CSWs, with 93,000 CFA being collected in revenue from condom sales.*
- *The initial KAP survey of 100 CSWs has been completed.*
- *Expansion activities have been initiated in six new sectors in Ouagadougou and one sector in Bobo-Dioulasso, and 25 new peer educators have been trained for these sectors.*
- *A draft of an STD/AIDS brochure for use in clinics has been completed.*

Plans for next six months:

- *Continue expansion of project activities to new sectors in Ouagadougou and Bobo-Dioulasso.*
- *Complete first-phase evaluation.*
- *Print clinic STD/AIDS brochure.*
- *Begin second CSW KAP survey.*

Pilot Condom Distribution Program. A pilot condom distribution program was initiated in which condoms are distributed to small stores, service stations, bars, and nightclubs.

Accomplishments in last six months:

- *Condom sales from commercial outlets continued at a rate of 28,000 per month.*
- *A consumer baseline survey of 154 consumers was analyzed. 62% reported buying condoms to prevent STDs and/or AIDS, 90% supported an increase in condom price, and the most successful outlets were conveniently located small shops or cafes.*

Plans for next six months:

- *Integrate pilot program into National Condom Distribution and Promotion Program.*

National Condom Distribution and Promotion Program. In collaboration with Population Services International (PSI), and using the lessons learned in the pilot project, a national distribution system is being developed to increase the availability and use of condoms.

Accomplishments in last six months:

- *A project proposal was developed and is under review.*
- *Brand name and packaging design were developed.*
- *The PSI Country Director was hired.*

Plans for next six months:

- *Gain necessary approvals and initiate the expanded project.*

STD Surveillance and Control Program. AIDSTECH is providing technical assistance in the development of a community-based STD and HIV surveillance and control program integrated into the primary health care system in Bobo-Dioulasso. The program, implemented through the Centre Muraz, also is testing surveillance of male STD history, sexual behavior, and condom use as a cost-effective method of monitoring the effectiveness of intervention programs.

Accomplishments in last six months:

- *Focus groups were held with workers and military men to evaluate the study questionnaire.*
- *The study questionnaire was pretested on 100 workers and military personnel.*
- *A baseline cross-sectional survey of 300 workers and military men on male sexual behavior and STD history was completed, and data were analyzed.*
- *Sentinel surveillance of HIV in prenatal women and male STD patients was initiated.*

- *A baseline screening of STDs in prenatal women was begun.*
- *A baseline monitoring of the etiologies and antibiotic sensitivities of STDs in men was begun.*

Plans for next six months:

- *Present baseline survey results at the Fifth Conference on AIDS in Africa in October 1990 in Kinshasa, Zaire.*
- *Revise study questionnaire and pretest on 100 military men.*
- *Begin follow-up cross-sectional survey of male sexual behavior and STD history.*
- *Conduct in-country refresher training of laboratory and medical staff in proper STD specimen collection and STD diagnostic techniques.*
- *Analyze baseline HIV surveillance data.*
- *Resume baseline STD screening of prenatal women.*
- *Resume baseline monitoring of the etiologies and antibiotic sensitivities of STDs in men and analyze data.*

BURUNDI

Projects in Burundi include development of surveillance activities among sentinel cohort groups and two interventions with high-risk groups.

Sentinel Surveillance. In collaboration with the epidemiologic coordinator of the National AIDS Control Program, a project has been designed to monitor the incidence of HIV in three separate populations (military, students, and workers in large companies) and to prevent HIV infection among these groups by peer education and condom distribution.

Accomplishments in last six months:

- *The first cohort of 1500 Bujumbura workers was recruited, questionnaires were administered, and filter paper blood specimens were collected.*
- *Testing of blood specimens began.*
- *Education and condom distribution activities were initiated.*

Plans for next six months:

- *Provide test results and counseling to workers.*
- *Analyze questionnaires and serologic results from first cohort.*
- *Plan for enrollment of the military and student cohorts.*

Interventions with High-Risk Groups. AIDSTECH has offered technical assistance in the development of two intervention projects involving high-risk groups. The first project involves peer education targeted at women with multiple partners and their partners in two neighborhoods in Bujumbura. The second project consists of an educational campaign using a theatrical piece and the establishment of a counseling system for seropositive persons in a rural area of the country. Projects have been delayed pending approval by the National AIDS Control Program.

Accomplishments in last six months:

- *AIDSTECH worked to gain approvals.*

Plans for next six months:

- *AIDSTECH will continue to work to gain necessary approvals.*

CAMEROON

Cameroon is an AIDSTECH Extensive Program Country. AIDSTECH and the National AIDS Control Service (NACS) have implemented activities in HIV surveillance, HIV testing and training, prevention of sexual transmission, blood transfusion practices, and AIDS related research.

Sentinel Surveillance. AIDSTECH is providing technical assistance and support for a sentinel surveillance and AIDS reporting program that is being implemented by the NACS.

Accomplishments in last six months:

- *First year results show HIV prevalence of 1.0% in pregnant women, 2.1% in STD patients, and 2.4% in TB patients.*
- *Sentinel surveillance sites were established at Garoua and Bertoua.*
- *A mobile team from Yaounde was assigned to visit Bertoua every six months to collect blood samples from women attending prenatal clinics.*

Plans for next six months:

- *Obtain and analyze samples from Garoua and Bertoua.*
- *Restart blood collection in Douala and Yaounde.*
- *Analyze two year data from prenatal women in Yaounde*

HIV Testing, Training and Quality Assurance. AIDSTECH is providing supplies, technical assistance, and training to reduce the transmission of HIV by blood transfusions

Accomplishments in last six months:

- *Provision of supplies continued with provision of 5000 HIVCHEK tests.*
- *Laboratory inspection program was developed*
- *Proficiency testing program was developed.*

Plans for next six months:

- *Implement laboratory inspection program.*
- *Implement proficiency testing program.*

Program for the Prevention of Sexual Transmission of HIV. The goal of the intervention program is to reduce the sexual transmission of HIV infection among groups at increased risk of infection (women with multiple partners, their partners, and STD patients) through education, condom promotion and distribution, and treatment of STDs.

Accomplishments in last six months:

- *Twenty commercial sex worker peer educators were trained in Yaounde and 19 in Douala.*
- *Peer education activities were expanded to Maroua.*

- *The condom social marketing program, using CSW peer leaders as salespersons, topped 2 million in sales.*

- *An AIDS education workshop was conducted for seven hotel/bar owners, truck/taxi drivers, and hairdressers.*

- *A CSW dramatic troupe continued performances of AIDS prevention skits in Yaounde and Douala.*

Plans for next six months:

- *Recruit additional peer educators at all sites.*

- *Expand peer education activities to two additional cities.*

- *Expand social marketing project to additional sites.*

Comparative Evaluation of Approaches to Condom Social Marketing. AIDSTECH will conduct an evaluation of two different approaches to condom social marketing in the Francophone Africa countries of Cameroon and Zaire. The Cameroon project operates through an existing national wholesaler; the Zaire project needed to create a condom distribution system. The implementation of the projects, the outlets utilized, the condom distribution patterns, the coverage of target populations, and the impact on related institutions (family planning, etc.) will be assessed for each country and then compared.

Accomplishment for last six months:

- *Background information on projects in Cameroon and Zaire was collected.*

- *Key evaluation components and methodologies were developed.*

Plans for next six months:

- *Conduct field component of evaluations in both sites.*

- *Prepare country specific and comparative reports, with recommendations for future social marketing projects based upon the findings.*

Improving Blood Transfusion Practices. In conjunction with the National AIDS Control Service, AIDSTECH worked to improve blood transfusion practices in Cameroon. A workshop was held for physicians and blood bank managers throughout Cameroon to develop guidelines for safe and appropriate blood transfusions.

Accomplishments in last six months:

- *870 guidelines for appropriate blood transfusions were distributed to hospitals in Cameroon.*

Lessons Learned

- *Blood transfusion practices vary greatly throughout the country.*

- *Over 99% of transfusions in Cameroon are whole blood.*

- *Treatment with crystalloids and colloids is under utilized.*

- *38% of transfusions are given to children, and 39% are given to mothers during pregnancy or childbirth.*

- *Many of these transfusions could be avoided, thus lowering the risk of transfusion related infections.*

- *Physicians welcomed the opportunity to participate in developing guidelines and felt that the guidelines were an essential step in reducing the number of inappropriate transfusions.*

Development of a Counseling Program. Following a request from the NACS, AIDSTECH provided technical assistance in the development of an HIV/AIDS counseling program in Yaounde for eventual expansion throughout the country.

Accomplishments in last six months:

- *Development of a workplan for a model counseling system in Yaounde was continued.*

Plans for next six months:

- *Transmit completed workplan to NACS and provide additional technical assistance in implementation.*

Feasibility Study of a Rapid Test for HIV. International Health Services, a U.S. based private voluntary organization funded under the AIDSTECH Small Grants Program, is conducting early field trials of a new rapid and simple test for HIV. The test employs a unique packaging system and may be produced at a very low cost. Early trials indicated that the technique is feasible, but further studies are being conducted to determine the test sensitivity and specificity in a high-risk population in Cameroon.

Accomplishments in last six months:

- *The test product has been improved and internally evaluated.*

Plans for next six months:

- *Develop and field test new devices in Cameroon.*
- *Develop final report.*

Efficacy of Barrier Contraceptives. The NACS and AIDSTECH/Family Health International are conducting a prospective study of the association between barrier contraceptive use (condom use and condom use coupled with spermicide use) and HIV infection in approximately 300 women practicing high-risk behavior.

Accomplishments in last six months:

- *A total of 303 women were enrolled.*
- *Follow-up visits were made at the Department of Hematology, CHU, Yaounde.*
- *Local (NC) purchase of spermicides continued due to a chronic shortage in Yaounde.*
- *A new staff member was added to help the investigator with participant interviews.*
- *Admission data were analyzed; the HIV-1 seroprevalence was 8.6%, HIV-2 seroprevalence was 0.7%, and the prevalence of positive syphilis serologies was 38.3%.*
- *Two monitoring visits were made, and payment to the Centre Pasteur was resolved.*

Plans for next six months:

- *Prepare admission data for presentation at AIDS in Africa meeting.*
- *Perform initial analysis of follow-up data.*

CENTRAL AFRICAN REPUBLIC

Assistance to AFRICARE. As part of its Small Grants Program, AIDSTECH is supporting AFRICARE in the development of a project to educate high-risk women about AIDS prevention and to provide economic alternatives to high-risk behavior.

Accomplishments in last six months:

- *The project proposal was approved by PVO Grants Review Committee.*

Plans for next six months:

- *Develop project design.*

GHANA

Ghana is an AIDSTECH Extensive Program Country. AIDSTECH has worked with the National AIDS Control Program in the Ministry of Health to develop a comprehensive AIDS program for Ghana. Components of the program are described in the following paragraphs.

Assistance to Ghana Armed Forces (GAF). AIDSTECH is assisting the GAF in the development and implementation of an AIDS education and condom promotion program and an epidemiologic surveillance system for HIV-1 and HIV-2. AIDSTECH is also providing technical assistance to strengthen STD surveillance and control within the GAF.

Accomplishments in last six months:

- *A liaison officer for the GAF was identified and hired.*
- *Interviewers were trained by staff from the Health Education Unit.*
- *The baseline KAP survey was implemented with a group of 800 soldiers.*
- *The KAP survey questionnaire was coded, and data entry is ongoing.*
- *Focus group discussions with soldiers and officers were held at all garrisons, and data analysis is ongoing.*
- *A protocol for strengthening the STD services was finalized.*
- *Serum collection and storage for HIV and RPR testing began in Accra and is ongoing at other sites.*
- *Renovation of HIV testing facilities was completed.*
- *Laboratory staff received refresher training in blood drawing, sample labeling, sample storage and record keeping techniques.*
- *Laboratory staff received training in ELISA, Innolia, and syphilis testing techniques, and serum testing is ongoing.*

Plans for next six months:

- *Present an overview of the GAF AIDS control program at the Fifth International Conference on AIDS in Africa, in Kinshasa on October 12, 1990.*
- *Complete analysis of focus group data and begin development of AIDS/STD education program.*
- *Begin development of the condom distribution program.*
- *Complete blood drawing and HIV/syphilis testing.*
- *Begin renovation and outfitting of the STD clinic.*

Intervention with Women with Multiple Sexual Partners. AIDSTECH is providing assistance to the Ministry of Health (MOH) to expand the scope of the 1987 FHI/AMFAR-funded pilot education and condom distribution program to prevent sexual transmission of HIV.

Accomplishments in last six months:

- *The project was initiated in September 1990 under the leadership of Project Director Dr. Asamoah-Adu, a physician in the MOH who was involved in the pilot intervention.*

- *Meetings were held with project staff, the Ghana Social Marketing Program, and members of the high-risk community to outline program components, assign staff responsibilities, and develop a realistic timetable for activities.*

- *Discussions were held with project staff and with USAID/Ghana about the need for a follow-up evaluation of the pilot study participants in order to gain insight for the new project in the area of program sustainability and the maintenance of behavior change.*

- *Discussions also were held with project staff and USAID/Ghana about the need to obtain data from a comparison site not included in the expanded program so that the impact of the program on behavior change can be evaluated.*

- *Project budget was detailed.*

Plans for next six months:

- *Complete the follow-up evaluation of the pilot program.*

- *Identify a comparison site.*

- *Contract with a private company in Ghana to provide educational materials.*

- *Provide technical assistance to finalize the condom promotion and distribution plan.*

- *Coordinate efforts with other targeted intervention programs in Ghana*

KENYA

Kenya is an AIDSTECH Extensive Program Country. The AIDSTECH program in Kenya has the following components:

AIDS Education and Condom Distribution in Mombasa. The AIDS education and condom distribution program for high-risk behavior groups in Mombasa will be conducted through the Ministry of Health and Municipality of Mombasa. The project will target AIDS education and condom distribution to high-risk behavior men and women through health centers, STD clinics, bars and nightclubs, and work sites. Project implementation has been held up by difficulties posed by the Kenya Ministry of Health in channeling project funds.

Accomplishments in last six months:

- *Efforts to establish a satisfactory funding mechanism continued. Alternatives for administering funds through WHO/GPA are being investigated.*

Plans for next six months:

- *Establish funding mechanism and initiate project.*

AIDS Education and Condom Distribution for Truck Drivers. The AIDS education and condom distribution program for long distance truckers is being implemented by the African Medical and Research Foundation (AMREF). It provides AIDS and STD education and condoms to truckers and their sexual partners at four truck stops along the Trans-African Highway, as well as at a depot in Mombasa. The program is closely linked to a sister project for truckers operating in Tanzania which is implemented by the AMREF office there in conjunction with the Tanzania Mainland AIDS Control Program.

Accomplishments in last six months:

- *A seminar was sponsored for local leaders and barilodge owners at Simba truckstop.*
- *A KAP survey was administered to 300 drivers, and preliminary analysis was begun.*
- *Focus group discussions at truck stop were begun.*
- *The initial condom shipment was received from Central Medical Stores.*

Plans for next six months:

- *Complete KAP data analysis and focus group discussions.*
- *Establish ongoing condom supply and distribution system.*
- *Select and train peer health educators.*
- *Identify cooperating trucking company in Mombasa.*

Training Program for Community Based Distributors: Community Education and Counseling for HIV/STDs. Crescent Medical Aid (CMA), a private voluntary organization, delivers medical care and preventive services through its eight clinics to poor communities in and around Nairobi. AIDSTECH is providing technical and financial assistance to CMA to develop and implement a community education and counseling training program for the sixteen Community Based Distributors (CBDs) working out of the clinics.

Accomplishments in last six months:

- *18 CBDs continued guided application of skills in the community, with numbers of clients visited and condoms distributed increasing five-fold since the beginning of the project.*
- *The second workshop for CBDs was held.*
- *A reference manual for CBDs based on the training program was drafted.*
- *Additional funds were requested to develop and print an educational booklet for semi-literate population. A contract was drafted with CARE to provide technical assistance in materials development.*

Plans for next six months:

- *Revise and produce CBD reference manual.*
- *Develop, pretest, and produce booklet for semi-literate population.*

Strengthening STD Services: Crescent Medical Aid. Building on the relationship established during the CBD training project, AIDSTECH is lending assistance in training CMA's physicians, nurses, and laboratory technologists in prevention and management of STDs and upgrading laboratory facilities for STD diagnostics.

Accomplishments in last six months:

- *Present CMA clinic and laboratory system and needs were assessed.*

Plans for next six months:

- *Obtain necessary approvals and initiate project.*

Assistance to Kenya Red Cross Society Counseling Training Program. Through the Small Grants Program, AIDSTECH is providing funding and technical assistance to the Kenya Red Cross Society for the printing and distribution of training and reference materials for counseling training, the production of a counseling training video, and the training of 20 staff members of the National Public Health Laboratory Service (NPHLS) in pre- and post-HIV test counseling.

Accomplishments in last six months:

- *A proposal was accepted for funding under PVO Small Grants Program.*

Plans for next six months:

- *Obtain necessary approvals and initiate project.*

Integrating AIDS Prevention into Family Planning Services of the Family Life Promotion and Services Center. In collaboration with CEDPA, AIDSTECH will assist the Family Life Promotion and Services Center (FLPS), a local PVO, in integrating AIDS prevention into FLPS infrastructure. This will involve the development and implementation of a Community Education and Counseling Training Program for FLPS staff and volunteers.

Accomplishments in last six months:

- *A proposal was drafted, revised, and submitted to AIDSTECH by CEDPA and FLPS.*

Plans for next six months:

- *Finalize program plan and submit for approval and initiation.*

AIDS Prevention Workshops for Family Planning Providers. AIDSTECH planned to provide technical assistance and financial support to the Family Health Division (FHD) of the Ministry of Health in collaboration with the National AIDS Control Program (NACP) Secretariat for three workshops on AIDS prevention for family planning service providers in all relevant aspects of AIDS prevention. In lieu of the second and third workshops, AIDSTECH is providing technical assistance and financial support to integrate AIDS into the curriculum for basic training of family planning workers.

Accomplishments in last six months:

- *The AIDS education component of the Family Planning Training curriculum was drafted by the AIDSTECH Resident Coordinator and NACP representative.*

Plans for next six months:

- *Assist FHD in preparation of Family Planning Training Curriculum Revision Workshop.*
- *Evaluate project.*

KAP Survey of Adolescents Concerning AIDS and STDs. AIDSTECH continues to provide technical assistance to the National AIDS Control Program to develop a strategy for a secondary school-based AIDS prevention intervention. AIDSTECH is assisting in the development and implementation of a survey of secondary school students, the presentation of those findings along with other research to policy makers in Kenya, and the testing of a pilot intervention based on the survey and directives from policy leaders.

Accomplishments in last six months:

- *The Center for the Study of Adolescence, an approved NGO in Nairobi, was identified as the recipient of funds. One of the Project Managers is the Director of the Center.*
- *Technical assistance was provided in questionnaire design, sampling strategies, and interviewer training.*
- *Interviewing sites were selected.*

- *The questionnaire was pretested, revised, and finalized.*

- *Implementation of the survey began in September 1990, and one of the Co-Principal Investigators met with AIDSTECH staff to review the first 50 questionnaires and draft data analysis plans.*

Plans for next six months:

- *Conduct a two-week technical assistance visit to develop data entry capacity, finalize a data analysis plan, and document sampling strategy and interviewing procedures.*

- *Begin initiation of focus groups.*

- *Finalize a protocol for analysis of existing sources of information regarding the knowledge and attitudes of adolescents, including an analysis of letters written to radio stations and a review of posters drawn by students.*

- *Hold meetings with other organizations to present findings from the survey, to further inter-agency cooperation, to gain support for recommended policy changes, and to develop options for a pilot intervention.*

Quality Assurance for HIV Testing. Assistance is being provided to develop and maintain a National Program for Quality Assurance (QA) in HIV Testing in Kenya. Training is being provided in management of the national program and in development of proficiency testing and laboratory inspection programs.

Accomplishments in last six months:

- *The project proposal was approved.*

- *A National Plan for QA in HIV testing was drafted.*

- *Responsible individuals were identified.*

- *Workscopes were developed.*

Plans for next six months:

- *Conduct training workshop in Quality monitoring.*

- *Implement laboratory inspection program.*

- *Implement proficiency testing program.*

Clinical Trial of PATH HIV-1 Dipstick Assay. A simple and inexpensive test for HIV has been developed by Program for Appropriate Technology in Health (PATH). The product will be field tested at two sites in Kenya in conjunction with the University of Nairobi and AIDSTECH.

Accomplishments in last six months:

- *Project approvals were obtained.*

Plans for next six months:

- *Complete training at two sites.*

- *Begin field testing.*

Blood Bank Data Management. A project to develop and maintain a blood bank data management system has been initiated with the National Public Health Laboratories in Nairobi.

Accomplishments in last six months:

- *Computer and software were installed and tested.*
- *Staff training in computer use and data entry was continued.*
- *A 1000-donor survey was completed, data entry was initiated, and preliminary data analysis was begun.*
- *Routine data entry and reporting on blood donors, units, and recipients became a part of the routine workload at the blood bank.*

Plans for next six months:

- *Complete analysis of donor and recipient surveys.*
- *Prepare guidelines for donor selection and deferral.*
- *Prepare guidelines for improving blood transfusion practices.*
- *Disseminate guidelines.*

Resident Coordinator. Ms. Lois Lux is coordinating AIDSTECH-supported projects in Kenya and providing limited assistance to complementary projects in the East and Southern Africa Region.

MALAWI

The Malawi National AIDS Control Program (NACP) has requested AIDSTECH technical assistance in the areas of epidemiology, blood donation recruitment, and health care financing.

Technical Assistance in Epidemiology. AIDSTECH provided assistance to the Malawi NACP to create two databases for compilation and reporting of suspected AIDS cases and data from HIV testing of blood donors.

Accomplishments in last six months:

- *AIDSTECH received a request for additional assistance.*

Plans for next six months:

- *Provide additional technical assistance to set up and analyze HIV sentinel data and project future AIDS cases based on seroprevalence data.*
- *Explore the use of the DemProj model and the AIDS Impact Model.*

Attitudes of Malawians Toward Blood Donation. This project is funded by the AIDSTECH Small Grants Program and will be implemented by the Malawi Red Cross Society. Quantitative and qualitative data will be collected, analyzed, and used to improve the blood donor recruitment program in Malawi.

Accomplishments in last six months:

- *Proposal was developed further.*
- *Assistance was provided in developing survey and guidelines for focus groups.*

Plans for next six months:

- *Obtain final approval.*

- *Train interviewers.*

- *Administer survey and conduct focus groups.*

Study on the Economic Impact of AIDS. **AIDSTECH provided technical assistance to the Malawi National AIDS Control Program to design a study for measuring the economic impact of AIDS in Malawi.**

Accomplishments in last six months:

- *A draft proposal and workplan for the study were developed.*

Plans for next six months:

- *Finalize plan for project.*

- *Initiate study and continue technical assistance.*

MALI

Expanded Intervention with High-Risk Groups. **FHI, with funding from the USA for Africa Foundation, carried out a pilot project in Bamako to educate and provide condoms to high-risk behavior groups through peer education. A program to expand the pilot project to other sections of Bamako and to three additional cities was initiated in January 1990.**

Accomplishments in last six months:

- *Focus groups were completed and results were analyzed.*

- *The development of educational materials was initiated.*

- *The recruitment of peer educators was initiated.*

- *Condom distribution was initiated.*

Plans for next six months:

- *Train peer educators.*

- *Complete KAP survey.*

- *Expand condom distribution activities.*

NIGER

Intervention with High-Risk Groups. **AIDSTECH is offering technical assistance to the Ministry of Public Health to develop a project to reduce the sexual transmission of HIV among women with multiple partners, their partners, STD patients, and truck drivers in the capital city, Niamey.**

Accomplishments in last six months:

- *Focus group guides were developed.*

- *Workplans for KAP surveys and counseling sessions were developed.*

Plans for next six months:

- *Conduct focus groups.*
- *Begin KAP surveys.*

NIGERIA

Intervention with High-Risk Groups. **An intervention with women at high-risk of HIV infection and their partners has been initiated in Calabar and surrounding urban areas. The intervention includes education and condom distribution to high-risk behavior groups and STD diagnosis, control, and prevention.**

Accomplishments in last six months:

- *Educational activities and condom distribution in Calabar are ongoing; 216,000 condoms have been distributed to 600 women and their clients since project initiation.*
- *An interim solution for a condom supply problem was reached*
- *A computer was installed for improved monitoring* *Plans for next six months:*
- *Expand project to Ikom and other cities in Cross River State.*
- *Provide technical assistance from an AIDSTECH condom logistics consultant in condom supply and delivery systems for project*

TANZANIA

Tanzania is an AIDSTECH Extensive Program Country. AIDSTECH is providing funding and technical assistance to Tanzania in the following areas.

<u>AIDS Education and Condom Distribution for Truck Drivers</u>. Consultation with the Director of the National AIDS Control Programme following the 1988 AIDS Conference in Arusha led to the development of a project to control HIV transmission among a group of long distance truck drivers who engage in high-risk behavior by having multiple sexual partners. The project was initiated with the African Medical and Research Foundation (AMREF) in September 1988. Project activities focus on truck stops on the Dar-es-Salaam to Mbeya Road which links Tanzania and Zambia and include emphasis on the control and prevention of STDs in addition to HIV. The project is being linked with a similar AIDSTECH-supported AMREF project in Kenya.

Accomplishments in last six months:

- *A baseline KAP survey was implemented, and preliminary analysis was begun.*
- *Motivators' seminars were held for 54 workers at two truck stops and for 68 workers at two companies with large trucking fleets to initiate program activities.*
- *Eleven peer health educators were selected at Chalinze and Ruaha truck stops, and training was begun*
- *Mlandizi and Iliula were identified as additional project sites*
- *10,000 informational posters were printed*
- *The first AIDS awareness meeting was held at Tanzania Breweries, with 12,000 condoms distributed.*
- *20,000 condoms per month are distributed at each of four truck stops; 24,000 per month are distributed at each of the two trucking companies.*

Plans for next six months:

- *Complete analysis of baseline data from KAP survey.*
- *Develop continuing AIDS education and condom distribution program at trucking companies.*
- *Develop and implement continuing training plan for Public Health Educators (PHEs).*

Strengthening STD Services for High-Risk Groups. Also in cooperation with the Ministry of Health and AMREF, AIDSTECH will work to improve STD diagnostic capabilities in health clinics which service high numbers of transport workers by improving the training of clinic staff in the diagnosis and treatment of STDs. This will include implementing a standardized treatment protocol and determining and monitoring the drug sensitivity and resistance patterns for various STDs. The project also will establish and monitor a program to give financial and technical assistance to local initiatives to reach women with multiple partners living at truck stops.

Accomplishments in last six months:

- *Available STD services and practices in STD management were assessed.*
- *Four occupational health and company clinics were identified.*
- *Existing laboratory capabilities and needs at selected occupational health and company clinics were assessed.*
- *Program proposal was drafted.*

Plans for next six months:

- *Finalize project plans and initiate activities.*

Ethnographic Study of Truck Stops in Tanzania. This research complements the data collection activities of the Tanzania Truckers Intervention, providing a rich backdrop for the intervention with respect to: the dynamics of the relationship between trucking industry employees and the populations along the routes; the range of circumstances and settings in which commercial sex activity occurs along the routes; and the availability and utilization patterns of health related services in and around the truck stops.

Accomplishments in last six months:

- *The project manager and collaborators were identified.*
- *Methodology and study protocol were developed and are undergoing NAC review.*

Plans for next six months:

- *Train field personnel.*
- *Conduct field research, write up results, and conduct a workshop in Tanzania to disseminate results.*
- *Document methodology employed in the study for dissemination to other collaborators.*

Resident Coordinator. Ms. Anne Outwater assumed the Resident Coordinator position in May 1990. She is coordinating and monitoring all AIDSTECH-supported activities in Tanzania and working with the Kenya Resident Coordinator to develop the regional program in East Africa. An orientation visit was made to FHI/AIDSTECH in September 1990.

UGANDA

AIDS Modeling Project. AIDSTECH and The Futures Group are field testing the AIDS simulation model in Uganda. Uganda is the first African country to use the model.

Accomplishments in the last six months:

- *A field visit to Uganda was conducted in May 1990 to gather input data for the model.*
- *The data were used to run the model in the U.S.*

Plans for next six months:

- *Explore alternative scenarios and discuss results of various simulations.*

ZAIRE

Zaire is an AIDSTECH Extensive Program Country. In conjunction with Zaire's Central Coordinating Office, AIDSTECH is collaborating with two organizations working in Zaire to strengthen their capacity to confront the AIDS epidemic by modifying, where appropriate, and expanding existing programs.

Rapid Test Evaluation. Project Sante Rural (SANRU) has evaluated rapid assays for HIV in rural hospitals in Zaire.

Accomplishments last six months:

- *The data analysis was completed.*
- *Results were presented at the International AIDS Conference.*
- *The technical report was written and distributed.*
- *2,500 HIVCHEK tests were supplied.*

Lessons Learned

- *Simple, rapid tests for HIV are appropriate for use in rural hospitals in Zaire.*
- *Two simple, rapid tests used in sequence are a valid and cost-effective option to be considered.*
- *Training and Quality Assurance are important components of an HIV testing program in rural areas.*

Condom Social Marketing. AIDSTECH and Population Services International (PSI), an organization running a condom and spermicide social marketing program in Kinshasa (in the context of family planning and STD control) have implemented a condom social marketing program targeting persons practicing high-risk behaviors in two cities (Matadi and Goma) in the west and northeast regions of Zaire.

Accomplishments in last six months:

- *Approximately 1.5 million condoms have been sold since the the project began.*
- *88% of pharmacies, 45% of bars/hotels, and 49% of medical centers in target regions are participating in the project.*
- *Members of an indigenous women's professional organization were recruited as condom promoters.*
- *A plan was developed for continuation of program in Matadi and Goma and expansion to three new sites.*

Plans for next six months:

- *Evaluate project activities to date.*
- *Continue sales and promotions in Goma and Matadi.*

- *Expand project to Kisangani, Lubumbashi, and Kinshasa.*

Comparative Evaluation of Approaches to Condom Social Marketing. AIDSTECH will evaluate two different approaches to condom social marketing in the Francophone Africa countries of Cameroon and Zaire. The Cameroon project operates through an existing national wholesaler; the Zaire project needed to create a condom distribution system. The implementation of the projects, the outlets utilized, the condom distribution patterns, the coverage of target populations, and the impact on related institutions (family planing, etc.) will be assessed for each country and then compared.

Accomplishments in last six months:

- *Background information on projects in Cameroon and Zaire was collected.*
- *Key evaluation components and methodologies were developed.*

Plans for next six months:

- *Conduct field component of evaluations in both sites.*
- *Prepare country specific and comparative reports, with recommendations for future social marketing projects based upon the findings.*

ZIMBABWE

Zimbabwe is an AIDSTECH Extensive Program Country. Components of the program include:

Intervention with High-Risk Groups in Bulawayo. A program to reach high-risk groups was initiated by the City Health Department of Bulawayo with the assistance of AIDSTECH and a psychologist from the University of Zimbabwe in September 1989. The program focuses on women with multiple partners, their partners, and STD patients in Bulawayo.

Accomplishments in last six months:

- *Educational outreach and condom distribution continued in bars, hotels, and women's residences.*
- *Twenty-two additional peer health educators were recruited, and training was begun.*
- *Prevention outreach to workplaces began.*
- *Total condom distribution for the life of the project passed 266,000 condoms as of August 1990.*
- *Supplies and equipment were procured to improve STD clinics.*
- *A support group for people with AIDS (PWAs) was established in collaboration with local NGOs.*
- *Ethnographic study of local trucking industry was undertaken.*

Plans for next six months:

- *Expand AIDS in the workplace activities.*
- *Analyze data on transport industry and design outreach for this sector.*
- *Follow-up and ensure regular condom supply.*
- *Conduct refresher training for staff of clinics.*
- *Assist PHEs in efforts to form an income-generating cooperative.*

- *Carry out a one year evaluation of the project.*

- *Request project extension.*

<u>AIDS Education and Condom Distribution Program in the Commercial Farming Sector</u>. This project's goal is to provide AIDS education and condom promotion to the commercial farm laborers in Zimbabwe through the infrastructure of the Commercial Farmer's Union (CFU).

Accomplishments in last six months:

- *A project plan was developed, and an in-house review was finalized.*

Plans for next six months:

- *Gain approval for propsed plan from AID/Washington and CFU.*

- *Initiate program.*

B. LATIN AMERICA AND THE CARIBBEAN

At present, HIV infection rates in many Latin American countries are still relatively low. However, Mexico and Brazil have already experienced serious outbreaks of infection, especially in urban areas among people practicing high-risk behavior. All countries in Latin America have detected and reported AIDS cases. Although HIV was introduced in different countries at different times, the overall effect is one of a growing epidemic.

HIV infection struck early and hard in the Caribbean. The first case of AIDS in the Caribbean was reported in Jamaica in 1982. Several countries in the region (Trinidad and Tobago, Barbados, Bermuda, Guadalupe, Bahamas, and Haiti) have experienced some of the world's highest infection rates. Unfortunately, an already serious situation is threatening to get worse as a predominantly youthful population enters its most sexually active years during the next decade. Forty-two countries in Latin America and the Caribbean have officially reported a combined total of over 25,000 AIDS cases as of August 1990, but reporting is generally incomplete.

The epidemic in Latin America and the Caribbean has the following characteristics:

- The virus is transmitted primarily by sexual contact.

- Recent epidemiological evidence from many countries shows a decrease in the male to female ratio of AIDS cases, thus indicating increasing heterosexual spread of the virus.

- The safety of the blood supply varies greatly throughout the region. While some countries offer integrated blood transfusion services, others lack basic infrastructures for storing and screening blood for transfusion.

- Intravenous drug use is not as yet a major mode of transmission, but there are pockets where this activity is practiced.

Because sexual transmission accounts for the vast majority of AIDS cases, it receives a proportional amount of emphasis in AIDSTECH's regional program. AIDSTECH recognizes the pivotal role men play as decision-makers, specifically with regard to numbers and types of sexual partners and use of condoms, and seeks to involve males in intervention programs designed to reduce high-risk behavior.

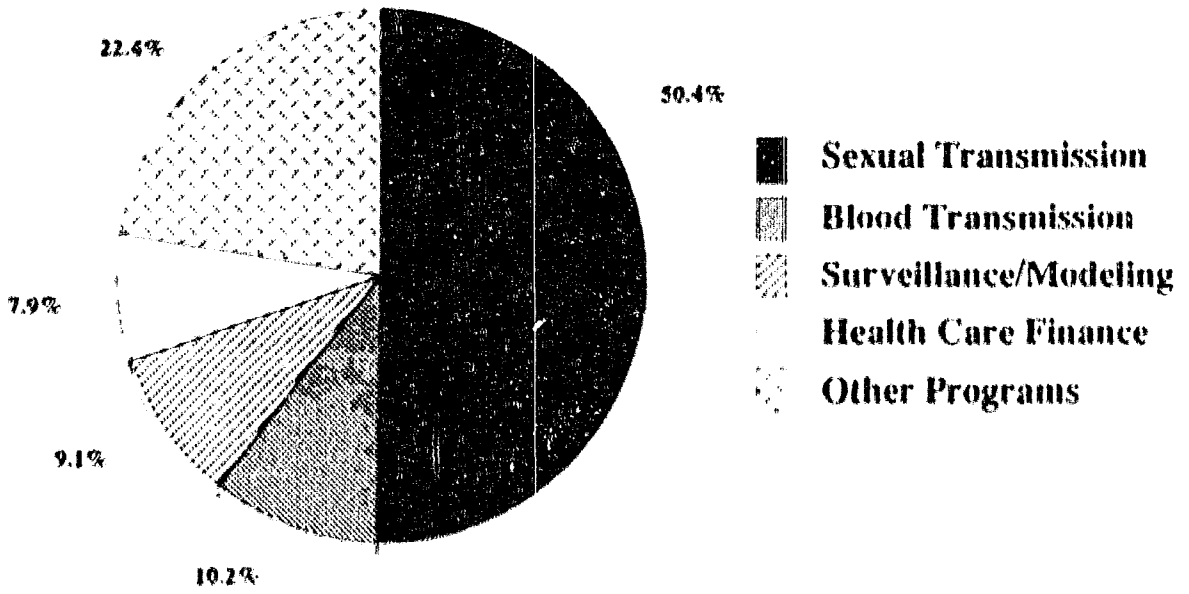
Because the safety of the blood supply varies throughout the region, AIDSTECH's strategy for preventing transmission of HIV through blood is country-specific and is based on existing laboratory infrastructure, staff capabilities, HIV prevalence rates, and reliance on commercial blood donors.

AIDSTECH is sponsoring programs to prevent HIV infection in 17 countries in the region; seven of these countries have major program efforts (Haiti, Dominican Republic, Antigua, Dominica, St. Lucia, Brazil and Mexico). AIDSTECH's

program in Latin America and the Caribbean reflects the country-specific priorities defined by PAHO, WHO/GPA, National AIDS Committees, and USAID Missions; the epidemiology of HIV infection and AIDS in the region; the ability to identify and work with recognized high-risk groups; and the existence of viable infrastructures which can support program planning, implementation, and evaluation.

The chart below shows AIDSTECH obligations by program area for the Latin America/Caribbean region. Obligations include 50% for sexual transmission, 10% for blood transmission, 8% for health care finance, and 9% for surveillance. The "other programs" category includes needs assessments, project development, general program support, conference attendance support, and training programs for health care workers in disease control procedures.

AIDSTECH Obligations By Program Area
Latin America/Caribbean



The charts on the next page show Latin America/Caribbean program expenditures by program area. Other programs, mainly needs assessments, project development, and conference attendance, accounted for 54% of the 1988 program expenditures. This decreased to 33% in 1989 and 25% in 1990. Sexual transmission expenditures rose from 13% in 1988 to 39% in 1989 and 44% in 1990.

Blood transmission expenditures have increased over time, and surveillance/modeling expenditures have decreased. Health care finance expenditures have remained constant.

Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the 17 countries where AIDSTECH works are described in more detail below.

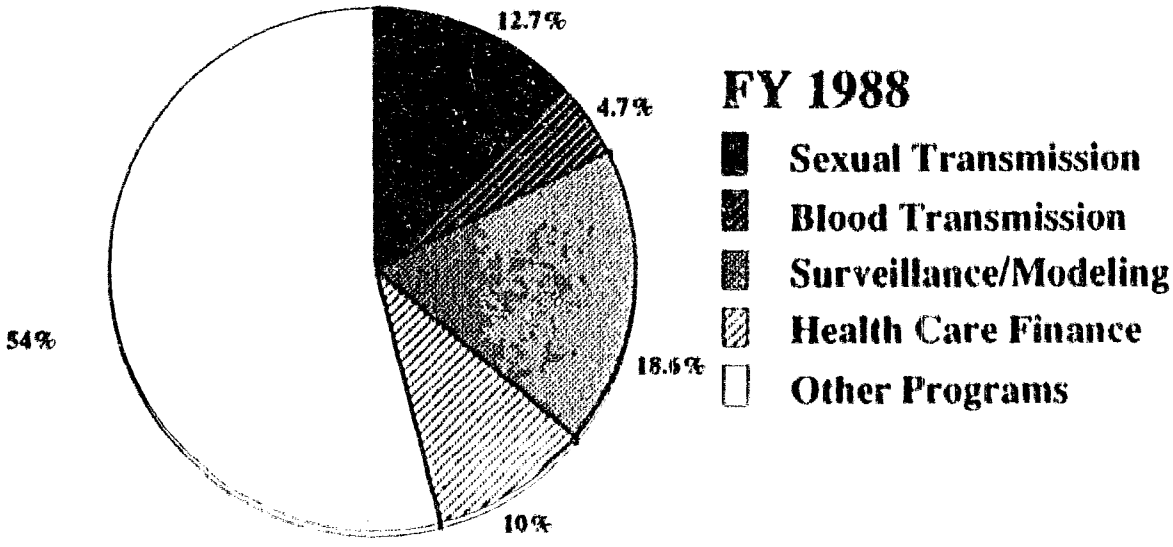
LATIN AMERICA AND THE CARIBBEAN INTER-REGIONAL

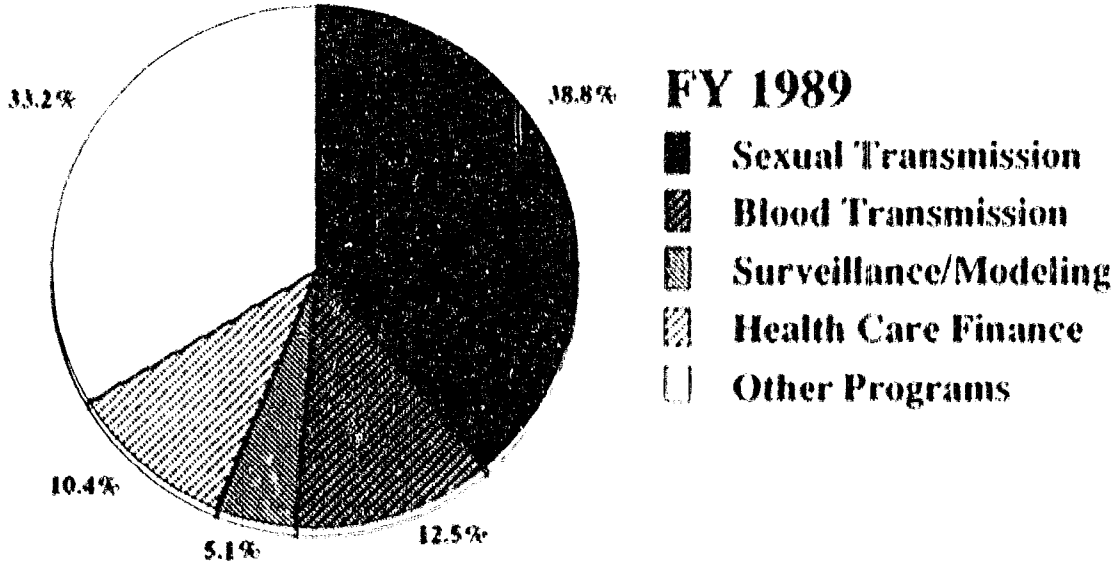
Health Care Finance Training Feasibility Study. AIDSTECH is conducting a feasibility study for a training program for Latin America and the Caribbean on the cost of AIDS. AIDSTECH is developing a curriculum for training financial and administrative officers from developing countries to estimate and project the cost of AIDS, including the costs to individuals, hospitals, the public health care system, and the national economy.

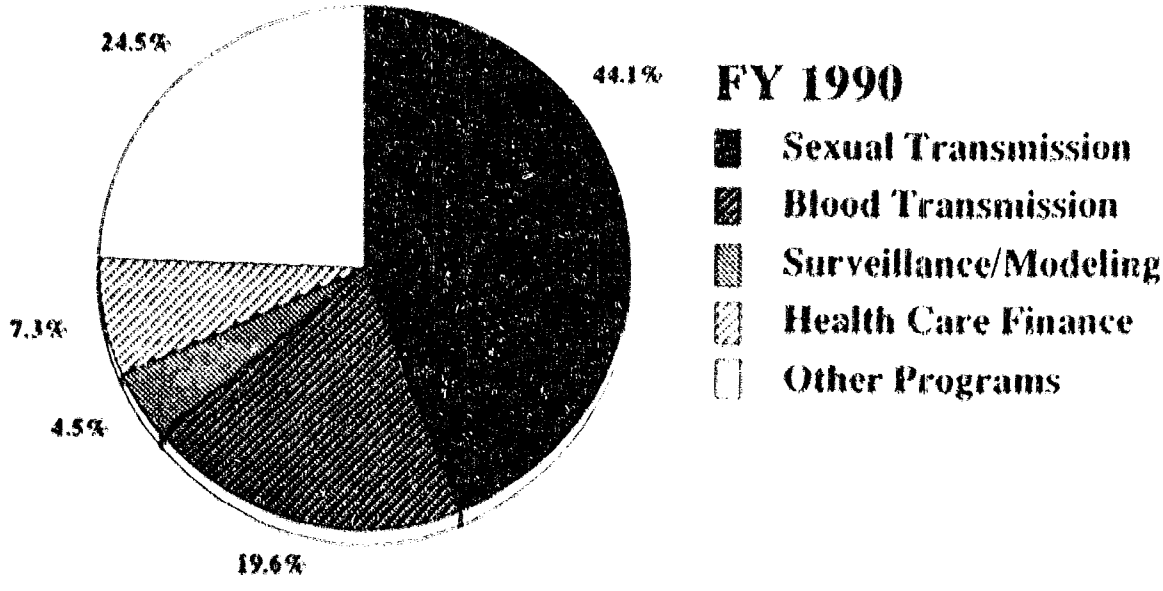
Accomplishments in last six months

- *Study workplan and timetable were completed.*
- *Approval was received from USAID/Washington to perform the feasibility study.*
- *Meetings were held with WHO/GPA to explore opportunities to collaborate on an LAC training program on the cost of AIDS.*

AIDSTECH Latin America/Caribbean Program Expenditures By Program Area







- *A review of finance training and AIDS costs studies in developing countries was completed.*

Plans for next six months:

- *Develop a curriculum for training host country financial and administrative officers to project the costs of AIDS.*
- *Collaborate with WHO/GPA and the World Bank to develop a plan for carrying out an LAC program for finance training on the cost of AIDS.*

BOLIVIA

AIDSTECH is offering technical assistance to Bolivia in three program areas. National Surveillance of AIDS, HIV, and STDs. AIDSTECH is providing technical assistance to the Ministry of Health in the design of a national surveillance strategy, in the training of health care professionals at three one-day workshops on AIDS, HIV, and STD surveillance, and in the planning and implementation of HIV or STD surveillance studies.

Accomplishments in last six months:

- *An in-depth assessment of the AIDS, HIV, and STD situation in La Paz, Cochabamba, and Santa Cruz was completed.*
- *The agenda for the workshop on AIDS/HIV/STD surveillance was developed.*

Plans for next six months:

- *Conduct workshops in La Paz, Cochabamba, and Santa Cruz.*

Laboratory Technical Assistance. AIDSTECH is providing technical assistance to the Ministry of Health (MOH) for cost-effective ways to organize and manage HIV blood bank/laboratory testing centers, for the development of a national strategy for HIV testing, and for training of health care personnel to perform ELISA and rapid tests.

Accomplishments in last six months:

- *Technical consultation to the MOH for the procurement of HIV diagnostics through USAID/La Paz was continued.*
- *Training materials for HIV diagnostics workshops were developed.*
- *HIV diagnostics workshops in La Paz and Santa Cruz were implemented.*

Plans for next six months:

- *Evaluate and conduct follow-up activities after the workshop.*
- *Develop a technical report of workshop activities.*

Upgrading STD Clinics. AIDSTECH will provide technical assistance to the MOH in improving the effectiveness of STD clinic services in Bolivia, including determining equipment needs, updating STD diagnosis and treatment protocol, and conducting three two-day workshops for health professionals on STD prevention and control.

Accomplishments in last six months:

- *An in-depth assessment of the STD clinic services was completed.*
- *The agenda for the workshop on STD prevention and control was developed.*

Plans for next six months:

- *Conduct workshop in La Paz, Cochabamba, and Santa Cruz.*

BRAZIL

Brazil is an AIDSTECH Extensive Program Country.

AIDSTECH is offering technical assistance for training programs to four non-governmental organizations (NGOs).

IMPACT Training Project. A two-tiered training project with the Implementing Agency for Cooperation and Training (IMPACT) was funded through the AIDSTECH PVO Small Grants Program. The project included training selected medical, nursing, and social work students in AIDS education and condom use and having those students, in turn, train peer educators.

Accomplishments in last six months:

- *Eleven peer educators were trained, and they then conducted 12 educational sessions, reaching approximately 170 high-risk women and men.*

Lessons learned:

- *The university students who were trained easily learned about AIDS and STDs, but they needed special training in how to approach Commercial Sex Workers (CSWs) and how to transmit information to them.*

- *Although they knew the world of CSWs, the peer educators did not always know how to approach the CSWs, and they also needed a substantial amount of training on the technical aspects of AIDS and STDs.*

- *The training had a personal impact on the peer educators in that it convinced them to change their own practices.*

- *The overall project showed that educating CSWs is only the first step; their clients also must be targeted for education.*

BEMFAM Training Project. The Sociedade Civil Bem-Estar Familiar No Brasil (BEMFAM) is the largest family planning organization in Brazil. BEMFAM is active in AIDS education and works with entities such as prisons, trade unions, military, police, gay groups, women with multiple sexual partners, state health departments, and mine workers. The need for improving the knowledge and skills of doctors and nurses working as AIDS educators with target groups has been identified.

AIDSTECH is working with BEMFAM to organize and conduct workshops for health professionals that include training in program management and AIDS education skills.

Accomplishments in last six months:

- *Workshop manual was developed, translated, and finalized.*

- *Workshop facilitators and consultants were identified.*

- *The first workshop was held in Rio de Janeiro 24-26 July 1990 for 25 participants. The second workshop was held in Belem 11-14 September 1990 for 35 participants.*

Plans for next six months:

- *Hold three remaining workshops.*

ABEPF Training Project. The Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF) has taken the lead in AIDS education in Brazil through the production of educational materials for use by health care professionals. Much of the Brazilian population is illiterate or semi-literate, and printed messages fail to reach these groups. ABEPF plans to design and disseminate booklets containing largely non-verbal messages about AIDS prevention.

The AIDSTECH-sponsored project is providing training to the staff of ABEPF in the design, field testing, production, and use of this type of material.

Accomplishments in last six months:

- *Consultants were identified, and contracts were negotiated.*
- *Existing materials on AIDS, non-verbal communication, and the target audience were compiled and reviewed.*

Plans for next six months:

- *Conduct field research with target population.*
- *Field test and evaluate prototype educational materials.*
- *Organize training sessions for use of materials.*

CCII Training Project. The Centro de Controle e Investigacao Immunologica (CCII) provides persons suffering from AIDS with compassionate treatment and support and disseminates information about the prevention of HIV infection and AIDS, particularly to persons whose behavior places them at high risk of infection, but also to the population at large.

In order to strengthen its management, research, and marketing capacity, CCII will participate in a series of training workshops organized for its administrators, secretarial, and technical staff.

Accomplishments in last six months:

- *A manual for the Management Workshop was developed.*

Plans for next six months:

- *Conduct Management Workshop.*
- *Develop manuals for Marketing and Training Workshops.*
- *Conduct Marketing and Training Workshops.*

Resident Coordinator. Ms. Maria Cristina Pimenta de Oliveira was hired to coordinate AIDSTECH-supported projects in Brazil.

COSTA RICA

AIDS Education for Adolescents. With funding from the PVO Small Grants Program, this operations research project is testing two different educational strategies in three similar communities. In the first community, young people recruited from youth organizations and institutions will be trained in the development of educational materials and participatory teaching methodology. The educational materials in the first community will be distributed through similar channels in the second community, but peer educators will not be utilized. The third community will serve as a control.

Accomplishments in last six months:

- *The three communities were selected.*
- *Household KABP survey was developed and administered.*

- *Qualitative data were collected to complement results of the KABP survey.*

- *Youth agencies and organizations in intervention communities were visited to mobilize project support.*

Plans for next six months:

- *Analyze quantitative and qualitative data.*

- *Select and train peer educators.*

DOMINICAN REPUBLIC

The Dominican Republic is an AIDSTECH Extensive Program Country. AIDSTECH has developed a four-year plan to assist the Dominican Republic with a comprehensive AIDS strategy. Program components include interventions with high-risk behavior groups in Santo Domingo and Puerto Plata, assistance with HIV sentinel surveillance, evaluation of screening of pooled sera, development of a financial strategy for blood screening, and general program support. Intervention with High-Risk Behavior Groups. The intervention projects target women with multiple sexual partners through a peer education and condom distribution program. Improved STD diagnosis and treatment services are a part of the intervention.

Accomplishments in last six months:

- *KABP data were analyzed.*

- *Training modules for health messengers were developed.*

- *128 health messengers from Santo Domingo and Puerto Plata were recruited; training was initiated.*

Plans for next six months:

- *Finalize educational materials that health messengers will use with their coworkers.*

- *Complete training of health messengers.*

- *Supervise education and condom distribution.*

Sentinel Surveillance. In close collaboration with PAHO, AIDSTECH is providing technical assistance and funding to the Dominican Republic to establish a sentinel surveillance system for HIV infection.

Accomplishments in last six months:

- *In collaboration with PAHO, study protocol was developed.*

Plans for next six months:

- *Obtain necessary approvals and initiate project.*

Screening of Pooled Sera. A project designed to evaluate HIV antibody screening of pooled sera for potential use in field laboratories is being conducted in close collaboration with the National AIDS Committee and the Ministry of Health (MOH).

Accomplishments in last six months:

- *Laboratory testing of individual and pooled sera using Abbott Recombinant HIV-1 assay was completed.*

- *Procurement of Ortho HIV-1 assay has resulted in project delays; the study has been extended for another three months.*

- *Initiated data entry.*

Plans for next six months:

- *Complete laboratory testing of sera using Ortho HIV-1.*

- *Continue and finalize data entry and analysis.*

Laboratory Technical Assistance. AIDSTECH is providing technical assistance in close collaboration with the National AIDS Committee and the MOH to strengthen the capability of the National System of Laboratories to perform HIV screening and testing.

Accomplishments in last six months:

- *AIDSTECH assisted in training and upgrading skills of four laboratory technicians.*

Plans for next six months:

- *Assist in development of Quality Control program for HIV screening.*

- *Provide additional laboratory technical assistance as required.*

Model for Strategic and Finance Planning in Blood Transfusion Programs. This project was developed to provide technical specifications for the creation of a blood bank decision support model in the Dominican Republic. Such specifications define and provide a blood bank system model which can evaluate the costs and resources needed to provide a level of safety in the blood supply system in the Dominican Republic.

Accomplishments in last six months:

- *In order to incorporate previous work and eliminate redundancy, a literature search was conducted to determine if any recent work could contribute to this effort. Various articles provided essential information in the development of the model.*

- *A recommendation was made and accepted as to the appropriate spreadsheet software (Quatro). This recommendation was based on the volume of the collected data and the limitations of hardware available in the Dominican Republic.*

- *Two draft versions of model specifications have been delivered to AIDSTECH. These specifications have served as a foundation for the model development.*

Plans for next six months:

- *Complete final version of the specifications and use in the D.R. decision support model.*

Financial Strategy for Blood Screening. A study is currently underway to determine the most efficient way to improve the local blood collection, screening, and transfusion systems. This project was initiated within the Ministry of Health to plan for 100% HIV blood donor screening and to improve the blood transfusion system.

Accomplishments in last six months:

- *Questionnaires were developed and are being administered to all blood banks and laboratories in the Dominican Republic.*

- *An analysis plan was completed.*

- *A simple computer interactive decision support model was designed to allow in-country decision makers to compare the costs and impacts of alternative strategies.*

Plans for next six months:

- *Complete data collection.*
- *Finalize and test the computerized model with the collected data.*
- *Hold meetings with Dominican decision makers to explain the results and develop policy recommendations.*
- *Complete the final report.*

Private Sector Involvement in AIDS Control. This project will identify private sector companies and non-profit organizations which could contribute to the efforts to control the spread of HIV.

Accomplishments in last six months:

- *Additional meetings were held with private sector groups, and plans were set for developing a joint PROCETS-Private Industry Association project.*

Plans for next six months:

- *Develop the project, get the necessary approvals, and initiate the project.*

Training of Health Care Providers. AIDSTECH is providing assistance to give health care providers an understanding of the etiology and epidemiology of AIDS. Training will focus on HIV transmission, infection control procedures, and psychosocial needs.

Accomplishments in last six months:

- *Project was defined.*

Plans for next six months:

- *Obtain necessary project approvals and initiate project.*

Program Support. AIDSTECH is providing technical assistance to the Dominican Republic AIDS program in several areas including condom logistics, supplies and equipment, and support of conference participation.

Accomplishments in last six months:

- *Tito Coleman continued to serve as Resident Coordinator for AIDSTECH-supported projects in the Dominican Republic.*
- *Two vehicles, one for condom logistics and the second for monitoring the blood banking system, were purchased.*

Plans for next six months:

- *Continue support for the Resident Coordinator, vehicle management, and rental space to store condoms.*

EASTERN CARIBBEAN

The Eastern Caribbean Region contains three AIDSTECH Extensive Program Countries: Antigua, Dominica and St. Lucia. The Eastern Caribbean covers the countries of Antigua and Barbuda, Dominica, Grenada, Montserrat, St. Kitts-Nevis, St. Lucia, St. Vincent and the Grenadines, Barbados, and Trinidad and Tobago. A critical element in the AIDSTECH strategy for the Caribbean is the involvement of the Caribbean Epidemiology Centre (CAREC), a PAHO/WHO technical resource center for the Caribbean.

Projects in the Eastern Caribbean include interventions with high-risk behavior groups, a study evaluating the applicability of blood pooling for the Eastern Caribbean, a cost-recovery project for the blood screening program, a hostel feasibility study, and an AIDS Education Program with Project HOPE. In addition, AIDSTECH is providing technical assistance in surveillance and KABP surveys, workshops, condom promotion, upgrading STD clinics, and developing small grants projects for STDs/AIDS.

<u>Intervention with High-risk Behavior Groups</u>. AIDSTECH is conducting AIDS education and condom distribution programs targeted at high-risk groups in Trinidad and Tobago (STD patients, women with multiple sexual partners), St. Lucia (migrant workers, STD patients, prisoners, women with multiple sexual partners), Antigua (STD patients, migrant entertainers) and Dominica (hucksters, migrant workers). A similar project planned for Barbados (STD patients, persons with multiple sexual partners) has been postponed because of delays in securing approval from the Ministry of Health (MOH).

Accomplishments in last six months:

- ***KABP questionnaires were finalized for migrant workers and STD patients in St. Lucia.***
- ***KABP questionnaires were pretested among STD patients and prisoners in St. Lucia***
- ***A KABP questionnaire was developed, pretested, and finalized in Antigua.***
- ***Focus groups and the second round of KABP surveys were conducted in Antigua with 21 women with multiple partners as participants, peer educators were identified, and an outreach education program has been initiated.***
- ***Training was conducted for five peer educators to provide AIDS information in Antigua.***
- ***Comprehensive training was conducted in St. Lucia for four STD clinic staff and eight MOH Family Life Educators in AIDS/STD education and counseling skills.***
- ***Training was conducted with two outreach workers and six field interviewers in Trinidad to support the educational interventions with commercial sex workers and STD clinic patients. Training focused on education and outreach strategies related to AIDS and sexuality.***
- ***Educational materials for use with STD clinic interventions were developed and pretested for distribution in St. Lucia. These materials included an educational brochure, a patient form for self risk-assessment, counseling outline charts for the health care provider, and confidentiality signs for clinic use. All materials were pretested through focus groups and interviews with clinic patients and clinic staff.***

Plans for next six months:

- ***Print and distribute STD brochures.***
- ***Follow-up trainings in St. Lucia and Trinidad to build on progress from prior training.***
- ***Develop educational materials for commercial sex workers for implementation in Trinidad.***
- ***Design and pretest educational materials for use with prison inmates in St. Lucia.***
- ***Develop educational materials for migrant farm worker population in St. Lucia and Dominica.***
- ***Develop condom distribution system for outreach education program in Antigua.***
- ***Train counselors and peer educators in AIDS/STD in Dominica.***
- ***Develop KABP questionnaire and outreach program for hucksters and other high risk groups in Dominica.***

General Population KABP Surveys. **AIDSTECH is providing technical assistance to Antigua, Dominica and St. Lucia in the general population KABP surveys which will be used to collect baseline and yearly data.**

Accomplishments in last six months:

- *AIDSTECH, AIDSCOM, and CAREC collaborated in finalizing a KABP survey for the Eastern Caribbean.*
- *Questionnaires for St. Lucia were revised, repretested, and finalized.*
- *AIDSTECH collaborated with a research firm in Trinidad to prepare for field work in St. Lucia.*
- *Data collection was completed in St. Lucia.*

Plans for next six months:

- *Pretest and finalize questionnaire for Dominica and print final questionnaires.*
- *Work with MOH staff in Dominica and Antigua to prepare for field work.*
- *Work with research firm to process data*
- *Develop plans for use of KABP data*

Upgrading STD Services. **AIDSTECH is providing technical assistance to improve country capability to diagnose and treat STDs and educate STD patients about AIDS.**

Accomplishments in last six months:

- *AIDSTECH worked with CDC to develop STD training plan.*
- *A new clinic intake form was developed, pretested, and implemented in St. Lucia's STD clinic. This form is designed to streamline the information gathering process, enhance record-keeping, and facilitate communication between the physicians and the nursing staff*

Plans for the next six months:

- *Support two nurses from St. Lucia for training in the clinical management of STDs.*
- *Assist with training of public health clinic staff, private physicians, and pharmacists in STD diagnosis and treatment and use of simple treatment algorithms.*
- *Assist with training of public health staff, private physicians, and pharmacists in STD/HIV counseling*
- *Help establish laboratory quality control procedures.*

STD/AIDS Small Grants Program. **The CAREC/AIDSTECH STD Small Grants Program provides physicians and other health care workers involved in STD/AIDS control programs with resources that they can use to carry out small research projects.**

AIDSTECH is assisting countries in the collection of data on chlamydia and gonorrhea sensitivity through a multi-country small grants research project. Investigators from St. Lucia, Antigua, Dominica, St. Vincent, and Grenada are participating in the project. Results will be used in development of treatment protocols.

Accomplishments in last six months:

- *Study was completed at three sites.*

- *Preliminary results show that of male STD patients with urethritis, about 38% have gonorrhea, about 11% have chlamydia; specific diagnoses were not possible for the rest.*

- *Among female STD patients, 5% were positive for GC, and 15% were positive for chlamydia. Among female prenatal patients, about 2% were positive for GC and 13% were positive for chlamydia.*

Plans for next six months:

- *Receive data from the last two investigators and complete a final report.*

- *Discuss implications of the GC/Chlamydia study results with the investigators and help develop treatment recommendations based on the results of the studies.*

- *Explore the needs for additional studies of STD/AIDS treatment and prevention.*

Condom Assessment and Promotion. AIDSTECH is providing technical assistance in the Eastern Caribbean to estimate and expand condom availability and accessibility by developing point-of-purchase materials that promote condoms through a life style approach, including condom display cases and stickers that create a recognizable symbol indicating "condoms sold here"; by working with the Caribbean Family Planning Affiliation to develop a generic condom poster with a Caribbean theme; and by working with Family Planning Associations to identify non-traditional outlets for condom distribution.

Accomplishments in last six months:

- *Condom display box design was pretested in Dominica and boxes were mass-produced for distribution to the field.*

- *Artwork for condom display boxes was developed, pretested, and prepared for distribution to Dominica.*

- *Condom symbol—to indicate "condoms available here"—was developed and pretested in Dominica and Antigua. Stickers with the symbol were printed in three colors.*

- *Condom promotion poster visuals and text were developed and pretested in both Antigua and Dominica.*

- *Poster visuals and lay-out were completed by CFPA.*

- *Using the same message as CFPA-AIDSTECH poster, promotional buttons were developed and produced.*

Plans for next six months:

- *Distribute point of purchase materials in Dominica.*

- *Print and distribute condom promotion poster.*

- *Conduct training session for condom marketing in Dominica.*

- *Evaluate Dominican condom campaign.*

Screening of Pooled Sera. A project designed to evaluate HIV antibody screening of pooled sera for potential use in field laboratories has been initiated in Trinidad with CAREC.

Accomplishments in last six months:

- *Steps for project initiation were developed and finalized.*

- *Specifications of study protocol were finalized.*

- *Data were collected and analyzed in country.*

- *Approximately 50% of the laboratory work was completed.*

Plans for next six months:

- *Monitor and conduct follow-up activities.*
- *Complete data analysis.*
- *Submit abstract for presentation at International Meeting.*

Cost-Recovery for Blood Screening. **AIDSTECH will provide assistance to the National Blood Transfusion Services of Trinidad to assess demand for transfusion services, determine recurrent costs, and explore options for cost recovery, including a user fee for services.**

Accomplishments in last six months

- *Project initiation occurred in May.*
- *Data collection is nearing completion.*
- *Data analysis has begun.*

Plans for next six months:

- *Complete data collection and analysis.*
- *Send AIDSTECH finance consultant to monitor progress and provide technical assistance.*

Hostel Treatment Study. **A health care financing project in Barbados will help the MOH plan for the long-term care of AIDS patients.**

Accomplishments in last six months:

- *Preliminary information was collected on AIDS hostel care.*

Plans for next six months:

- *Initiate the project.*
- *Complete data collection and analysis.*
- *Complete an operational finance plan for an AIDS hostel*

AIDS Education. **As part of the PVO Small Grants Program, AIDSTECH is funding Project HOPE to provide AIDS education to target groups in the Eastern Caribbean through workshops and teleconferences. The project includes integrating AIDS as a topic in health sciences curricula in educational institutions, training at least 700 health care providers in effective use of communication skills in AIDS counseling, and training at least 200 AIDS counselors selected from among teachers, clergy, school counselors, and social workers.**

Accomplishments in last six months.

- *Three education-counseling workshops were held; 48 students attended the one in Barbados, 77 administrative and health professionals attended the first workshop in St. Lucia, and 87 nurses attended the second workshop in St Lucia*
- *Project temporarily suspended in May 1990, reinitiated in June 1990*

Plans for next six months:

- *Conduct a third workshop in St. Lucia.*
- *Conduct series of teleconferences.*

ECUADOR

AIDSTECH has provided Ecuador with technical assistance to establish sentinel surveillance of high risk behavior groups and to train health care providers.

Observation Tour of Laboratory Managers and Epidemiologists to Mexico. This project represented a joint effort by AIDSTECH, CONASIDA-Mexico, and the Ministry of Health (MOH) of Ecuador. AIDSTECH facilitated an observation tour of two laboratory specialists and two epidemiologists to visit CONASIDA-Mexico and become familiar with their programs and facilities for AIDS prevention and control. Participants were trained in laboratory reference systems, safe blood banking, information systems, and epidemiological methods for implementation of preventive programs against HIV.

Accomplishments in last six months:

- *Summarized findings from visit and reviewed technical report and impact.*

Plans for next six months:

- *Continue follow-up activities and evaluate impact.*

Laboratory Technical Assistance. AIDSTECH is providing technical assistance to the Ecuadorian MOH to establish and strengthen its national system of laboratories for AIDS prevention and control. A workshop on HIV diagnostics was important in setting up confirmatory testing at the National Reference Laboratory of Guayaquil.

Accomplishments in last six months:

- *AIDSTECH continued to provide assistance to develop and evaluate a laboratory operations manual for laboratories in the system.*

Plans for next six months:

- *Evaluate confirmatory services of the National Reference Laboratory in Guayaquil.*
- *Provide additional technical assessment as needed.*

Blood Serum Pooling. The Red Cross of Ecuador has been using serum pooling in HIV testing as a method of decreasing testing costs. AIDSTECH is providing assistance to validate the technique being used.

Accomplishments in last six months:

- *The study was completed in June 1990.*
- *Data analysis was initiated.*

Plans for next six months:

- *Assist in the preparation of materials for presentation of findings at scientific meeting and in scientific journals.*

EL SALVADOR

AIDSTECH plans to assist in training laboratory technicians in HIV tests. Technical assistance will be given to develop an STD treatment clinic serving high-risk behavior individuals.

Laboratory Technical Assistance. AIDSTECH is providing assistance to the MOH to strengthen its laboratory services and capabilities for HIV screening and testing. Assistance will be provided for procurement of HIV diagnostics and a workshop to train participants in screening and supplemental tests for HIV, quality assurance procedures, and testing techniques.

Accomplishments in last six months:

- *AIDSTECH assisted the MOH in procuring selected laboratory supplies and equipment.*
- *Training materials for HIV diagnostics workshop were developed.*
- *HIV diagnostics workshops were conducted in San Salvador.*

Plans for next six months:

- *Evaluate and conduct workshop follow-up activities.*
- *Develop technical report of workshop activities.*
- *Provide additional technical assistance as required.*

Establishment of an STD Clinic. AIDSTECH is providing support through the PVO Small Grants Program to the Salvadorean Demographic Association to provide STD clinic services to men and women at the San Salvador Profamilia Family Planning Center.

Accomplishments in last six months:

- *The project was initiated in September 1990.*

Plans for next six months:

- *Develop publicity campaign and community outreach component.*
- *Define STD management protocols.*
- *Develop educational materials.*
- *Implement clinic services.*

Training of STD Clinic Personnel. AIDSTECH is supporting the training of clinic personnel in STD diagnosis and treatment procedures and STD/HIV educational and outreach skills.

Accomplishments in last six months:

- *Three physicians attended a two-week CDC-sponsored course on STD diagnoses and treatment procedures in San Juan, Puerto Rico.*

Plans for next six months:

- *Assist clinic staff in the development of the educational and outreach components.*

GUATEMALA

STD Technical Assistance. AIDSTECH is providing technical assistance to APROFAM to improve clinical management of STDs.

Accomplishments in last six months:

- *Current STD management practices and STD training needs were assessed.*
- *Recommendations were made for the development of a continuing education program for health care providers and the planning of an STD clinic (staffing, laboratory, patient education material, and contact tracing).*

Plans for next six months:

- *Schedule follow-up technical assistance visit.*

HAITI

Haiti is an AIDSTECH Extensive Program Country. AIDSTECH's program includes the following components: interventions with high-risk behavior groups; STD services; sentinel surveillance and counseling; AIDS modeling; AIDS in the workplace; and condom distribution.

Interventions with High-Risk Behavior Groups. AIDSTECH is supporting an AIDS education project with the Implementing Agency for Cooperation and Training (IMPACT). IMPACT has two subcontractors, IBESR (Haitian National Institute for Social Welfare and Research) and CHASS (Comite Hatien de Service Social), to help implement the project. The purpose of the project is to educate high-risk women and their sexual partners to make them aware of their risk of the AIDS virus and the need to start using condoms systematically.

Accomplishments in last six months:

- *People reached include 5,000 high-risk women and 20,000 people in the general population.*
- *IEC materials (posters, billboards, comic books, calendars, and brochures) were finalized and distributed. Peer educators distributed 24,050 booklets on AIDS and condom use and 10,000 calendars.*
- *537,171 condoms were distributed through peer educators, and the distribution has created a growing demand for condoms.*
- *Services were expanded to Gonaives and Cap Haitien, two new cities.*
- *Twelve additional peer educators were trained to conduct outreach in the new cities.*

Plans for next six months:

- *Develop strategy to start selling condoms.*

The Centers of Development and Health (CDS) is conducting another intervention with high-risk groups. The goal of this project is to reduce the spread of AIDS in the district of Gonaives by using 46 community health workers and six AIDS outreach workers. Health workers will visit homes regularly and will counsel clients awaiting services at the health center. Those individuals assessed as high-risk will be referred to the AIDS outreach workers for more attention.

Accomplishments in last six months:

- *A survey was completed to assess baseline knowledge, attitudes, and practices in Gonaives.*
- *Data analysis from the baseline survey was begun.*

Plans for next six months:

- *Coordinate efforts with IBESR.*
- *Initiate outreach activities with community health workers.*
- *Distribute condoms.*
- *Prepare report on baseline survey data.*

STD Services. An STD clinic is being established in Gonaives to slow the spread of HIV. The clinic will provide such services as HIV testing and counseling, STD detection and diagnosis, and condom distribution. Patients will pay a subsidized fee which will include costs of any medication.

Accomplishments in last six months:

- *Renovation of the clinic building has been completed. The renovation took longer than anticipated, but the clinic is now making final preparations to receive its first patients.*
- *STD diagnostic and treatment protocols have been prepared.*
- *A full-time physician has been recruited to act as the clinic's medical officer.*

Plans for next six months:

- *Train five staff members at STD clinic in Cite Soliel*
- *Set up HIV testing and counseling programs.*
- *Set up STD diagnostic and treatment protocols.*
- *Coordinate HIV and STD education.*
- *Coordinate condom promotion and distribution programs.*

Sentinel Surveillance and Counseling. A proposal is being developed with Cornell-GHESKIO to determine the seroprevalence of HIV infection and AIDS in high and low-risk populations in Port-au-Prince, Deschapelles, and Leogane. Approximately 12,000 people will be tested and counseled on AIDS. It is anticipated that 4,500 people will be HIV positive and will be in need of extensive counseling. Condoms will be distributed.

Accomplishments in last six months:

- *Discussions have been held to finalize a project design.*

Plans for next six months:

- *Initiate project in January 1991.*

AIDS Modeling. AIDSTECH and The Futures Group are field testing the AIDS simulation model in Haiti.

Accomplishments in last six months:

- *Modeling visits were made to Haiti in May and August.*
- *A modeling team has been designated by Dr. Gabriel Timothe, Director of the NACP, and the first workshop with the modeling team was held during the August visit. During that visit, members of the team were introduced to the different types of models that could be used, and preliminary modeling of the epidemic in Port-au-Prince was begun.*

Plans for next six months:

- *Work to gather the necessary demographic data for entry into the model.*
- *Assure that the model is installed and running on at least one computer in Haiti so that the modeling team can have easy access to use of the model.*
- *Conduct a second workshop on modeling in order to produce a set of national projections and scenarios which can be used by the NACP to educate policy makers concerning the likely impact of the epidemic and the importance of prevention measures.*

AIDS in the Workplace. Group de Lutte Anti-Sida (GLAS) is a consortium of private sector companies whose goal is to reduce the risk of HIV infection to employees. They plan to establish an AIDS information dissemination system and, through the development of educational materials, peer education, and the distribution of condoms, to motivate employees to adopt low-risk behaviors.

Accomplishments in last six months:

- *Proposal was finalized and approved.*
- *Office was relocated.*
- *114 peer educators were trained.*
- *Condoms were distributed to 54 factories.*

Plans for next six months:

- *Conduct more follow-up training sessions.*
- *Develop record system for condom distribution.*
- *Provide follow-up training to peer educators.*

Condom Distribution. Promotion and distribution of condoms is an important means of protection against sexually transmitted diseases and AIDS. In order to distribute condoms effectively, AIDSTECH is providing funding for the proper storage of 4,000,000 condoms a year. Condoms will be distributed to several participating agencies. Condoms will be stored in a central warehouse and at secondary and tertiary storage locations. Training for staff will include proper inventory management, standardized supply procedures, and methods for preventing loss of condoms and ensuring good inventory conservation.

Accomplishments in last six months:

- *The lease agreement was finalized, and the project activities were initiated.*
- *Training for condom warehouse staff was conducted.*
- *Condoms were distributed to participating agencies.*

Plans for next six months:

- *Provide continued support for condom storage.*

Technical Assistance. The AIDSTECH Resident Coordinator, Dr. Eddy Genece, provides technical assistance to various groups involved in AIDS in Haiti. Dr. Genece actively coordinates with other agencies including weekly meetings with members of PAHO.

Accomplishments in last six months

- *Inter-agency IEC meetings were coordinated.*
- *AIDSTECH project with GLAS was initiated.*

Plans for next six months:

- *Participate in Program Design for new add-on.*
- *Participate in PAHO internal review.*
- *Coordinate ongoing activities with projects.*

MEXICO

Mexico is an AIDSTECH Extensive Program Country. The AIDSTECH program has the following components: Intervention with High-Risk Groups. An AIDS education and condom distribution intervention project was initiated with the Federation of Mexican Private Associations (FEMAP) in October 1988.

Accomplishments in last six months:

- *Seventy volunteer health promoters and four coordinators continued AIDS/STD education.*
- *More than 1,400 regular condom and spermicide users were supplied.*
- *Data from the second KAP survey were analyzed, and the final report was produced.*
- *A poster was presented at the Sixth International Conference on AIDS.*
- *A proposal for project expansion was written and approved.*

Plans for next six months:

- *Expand project to reach non-establishment-based men and women with multiple partners in an area adjacent to original project zone.*
- *Develop educational strategy to reach the clients of the target group.*

Role of Pharmacies in AIDS Education. A proposal from the Mexican Research Institute on Family and Population (IMIFAP) was approved for funding under the AIDSTECH Small Grants Program. The project will assess the feasibility of using pharmacies in STD and AIDS prevention. Current knowledge of pharmacy workers regarding STDs, AIDS, and the role of condoms in their prevention will be determined in order to develop and implement an educational/marketing strategy for pharmacy workers.

Accomplishments in last six months:

- *Participating pharmacies were selected.*
- *Focus groups and in-depth interviews were held with pharmacy workers.*
- *A questionnaire was developed and administered to 168 pharmacy workers.*

Plans for next six months:

- *Analyze data and develop educational/marketing strategy.*

Radio Soap Opera. AIDSTECH, through its PVO Small Grants Program, is providing technical assistance to Mexicanos Contra el SIDA (MCS) to develop a twenty-episode radio soap opera about AIDS to be broadcast in Mexico City.

Accomplishments in last six months:

- *Preliminary story lines for soap opera were developed.*
- *Evaluation plan for the project was designed.*
- *Radio resources in Mexico City who will assist with the project were identified.*
- *Project was developed and submitted for approvals.*

Plans for next six months:

- *Get final approval of project design.*
- *Complete pilot episodes.*
- *Pretest three pilot episodes with target audiences.*
- *Complete scripts for remaining episodes.*
- *Broadcast the first round of episodes city-wide.*
- *Develop detailed evaluation questionnaire and identify evaluation team.*

Direct and Indirect Treatment Costs. AIDSTECH has worked successfully with CONASIDA-Mexico to complete a comprehensive project to estimate the cost of AIDS in Mexico. This project included retrospective and time-and-motion studies to observe and quantify resources expended on the treatment of persons with AIDS. In addition, a household survey identified the costs and lost income incurred by families caring for persons with AIDS.

Accomplishments in last six months:

- *AIDSTECH completed a statistical analysis of the variables which most influence the cost of treatment. In addition, estimates were made of the current and future costs of treating and preventing the spread of AIDS.*
- *AIDSTECH assisted CONASIDA in developing abstracts for the San Francisco Conference based on the findings from this project. One oral presentation was made ("A Study of Direct Costs of AIDS in Mexico"), and three posters were presented ("Estimation of AIDS Treatment Cost Through a Prospective Study," "The Economic Impact of AIDS at the Household Level in Mexico," and "Behavior of Beck and Zung Scales on AIDS Patients: A Prospective Study").*
- *AIDSTECH assisted CONASIDA in developing a follow-on AIDS economic/costing research agenda which was presented at the Donors' Meeting held in Mexico.*

Lessons learned:

- *The results of this study strongly indicate that the financing of AIDS treatment has already created an overwhelming burden on Mexican hospitals and families of persons with AIDS. The total annual cost per AIDS patient in Mexico is $4,400, or 2.5 times higher than the Mexican per capita GNP. Of this amount, 75% is insured by health care institutions such as social security and the Ministry of Health. The remaining 25% is incurred by the patients or their families.*
- *By studying the cost of AIDS treatment in Mexico, a better grasp on the overwhelming burden that developing countries face as this pandemic proceeds has been gained. Prevention activities can be extremely cost-effective.*

PERU

Laboratory Technical Assistance. AIDSTECH has provided ongoing technical assistance in HIV screening and testing to the MOH and USAID/Lima for AIDS prevention and control.

Accomplishments in last six months:

- *The MOH and USAID/Lima were assisted in procurement of HIV screening and testing materials.*

Lessons learned:

- *A comprehensive assessment of operational and financial aspects of HIV screening and testing and blood transfusion capabilities was developed for Peru which created enthusiasm in-country.*

- *No additional funding has been identified for meeting expectations generated by the technical report.*

C. ASIA/NEAR EAST

The reported prevalence of HIV infection for the Asia/Near East region is still relatively low, but the infection is spreading very rapidly in some of the high-risk behavior groups.

Many countries have all the major risk groups found in Western society and are thus vulnerable to the rapid spread of the virus. Once HIV enters the major risk groups, it has the potential to spread into both urban and rural populations, as infected men and women carry the virus back to their families, villages, and neighborhoods.

AIDS case rates for the Philippines and Thailand are among the highest in the region, with both countries reporting 0.2 AIDS cases per million population. In Thailand, WHO estimates that the number of HIV infected persons may be as high as 50,000. Preliminary results of studies have shown increased spread of HIV among women with multiple partners in five major Thai provinces. In the Philippines, 148 HIV cases have been reported, over half of whom are hospitality workers.

The epidemic in Asia/Near East has the following characteristics:

- Numerous countries in the region have substantial numbers of commercial sex workers and extremely mobile populations (overseas laborers, merchant marine, fishermen, and businessmen), constituting a potential means for HIV to spread.

- The Philippines and Thailand have extensive commercial sex industries patronized by large numbers of national and international clients. Both countries report the number of women involved in "entertainment" services to be over 100,000 per country. Forty-four percent of female prostitutes in brothels in one province in Thailand were HIV positive; 10% of male STD patients in this province were HIV positive.

- The prevalence of IV drug use represents another important risk factor for HIV transmission in the Asia/Near East region, at least in Thailand, where there are an estimated 100,000 IV drug users (IVDUs). In a study of IVDUs conducted in Bangkok in 1989, 40-60% of the individuals sampled were reported to be HIV positive.

- The Philippines and Thailand both have strong public and private professional infrastructures that can be incorporated into programs to combat HIV infection.

- Both the Philippines and Thailand have effective condom distribution systems, making these products easily accessible to the general population.

The major focus of AIDSTECH efforts in Asia is on preventing the spread of HIV infection through sexual transmission and through use of contaminated needles by IVDUs.

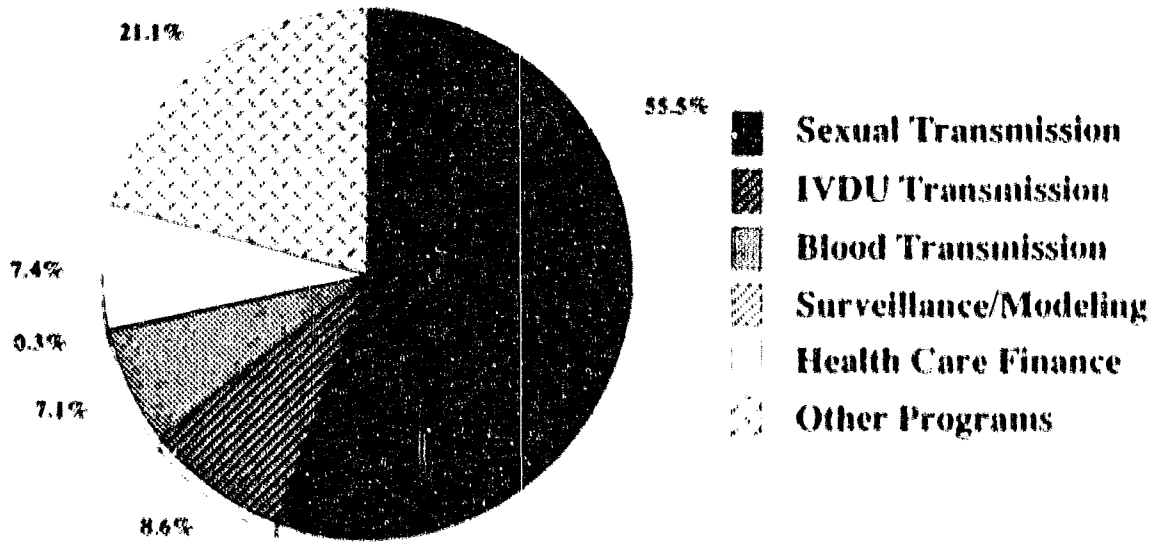
Recognizing that some targeted high-risk behavior groups may not be approachable by established public health channels, AIDSTECH has developed innovative intervention strategies utilizing alternative outreach groups such as taxi

drivers, grass roots organizations, and bar owners/managers. They reach out to persons practicing high-risk behaviors, such as persons with multiple partners, IVDUs, and their sexual partners.

AIDSTECH is sponsoring projects in four Asian countries. The basic approach of AIDSTECH in the region is to work with the USAID Missions and the National AIDS Committees, when requested, in cooperation with WHO/GPA.

The chart below shows AIDSTECH obligations by program area for the Asia/Near East region. Obligations include 56% for sexual transmission, 9% for IVDU transmission, 7% for blood transmission, and 7% for health care finance. The "other programs" category includes needs assessments, project development, general program support, and conference attendance support.

AIDSTECH Obligations By Program Area
Asia/Near East



The chart on the next page shows Asia/Near East program expenditures by program area. Other programs, mainly needs assessments, project development and conference attendance, accounted for 88% of the 1988 program expenditures. This decreased to 25% in 1989, and 9% in 1990. Sexual transmission expenditures rose from 9% to 37% to 59% over the same period.

Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the four Asian/Near East countries where AIDSTECH is working are described in more detail below

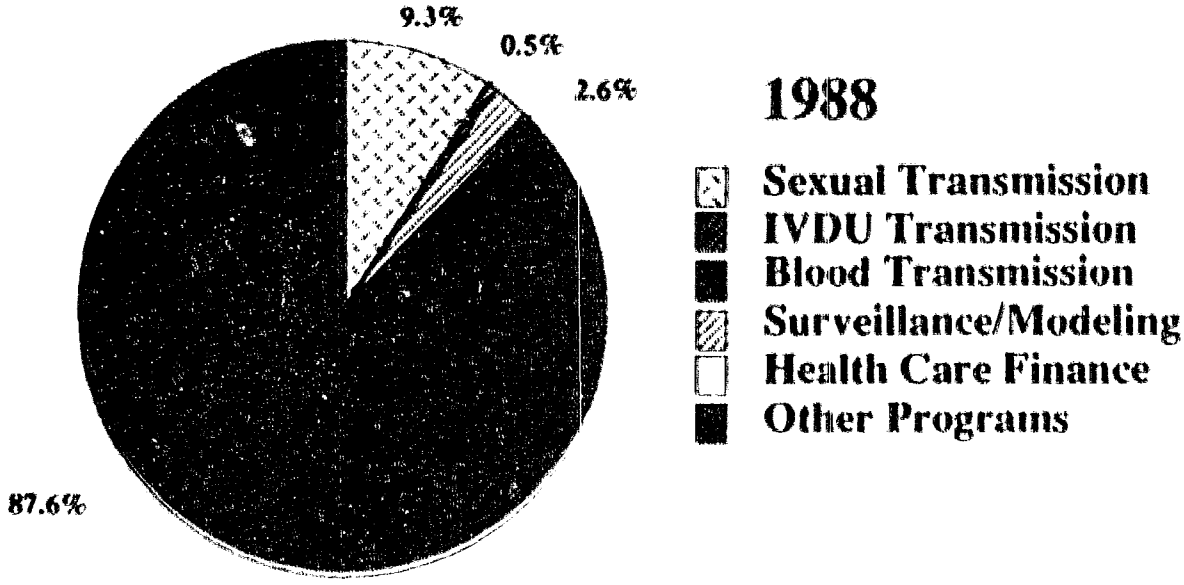
MOROCCO

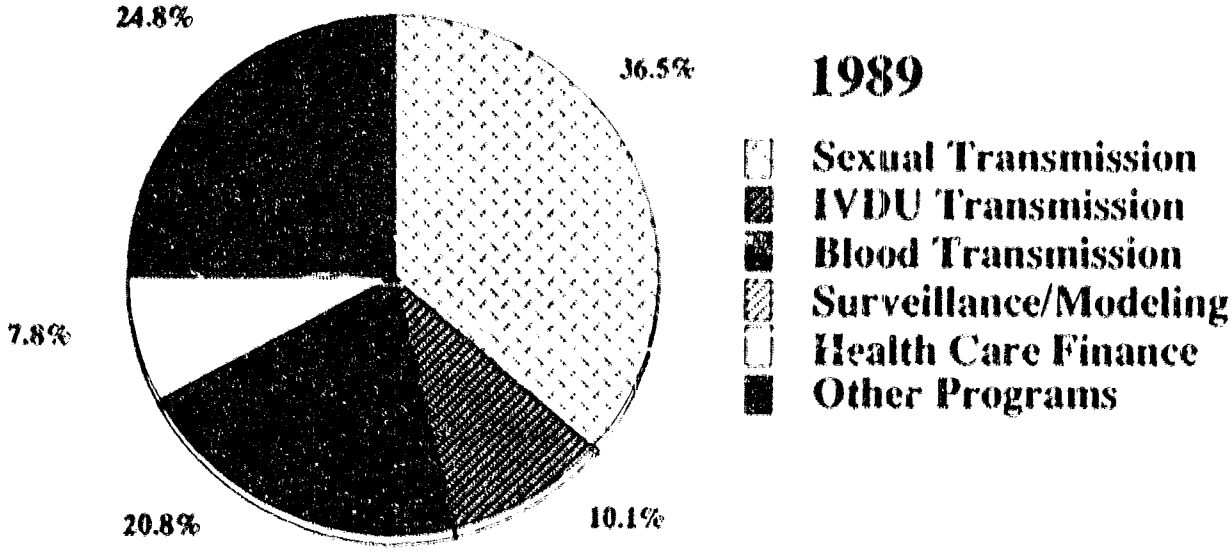
Education Program Under the PVO Small Grants Program, AIDSTECH is funding an education program for women at high risk of HIV infection with the AIDS Association of Morocco. The project is surveying the women's knowledge, attitudes, and sexual practices and uses this information to design and implement an AIDS education program that focuses on specific preventive measures.

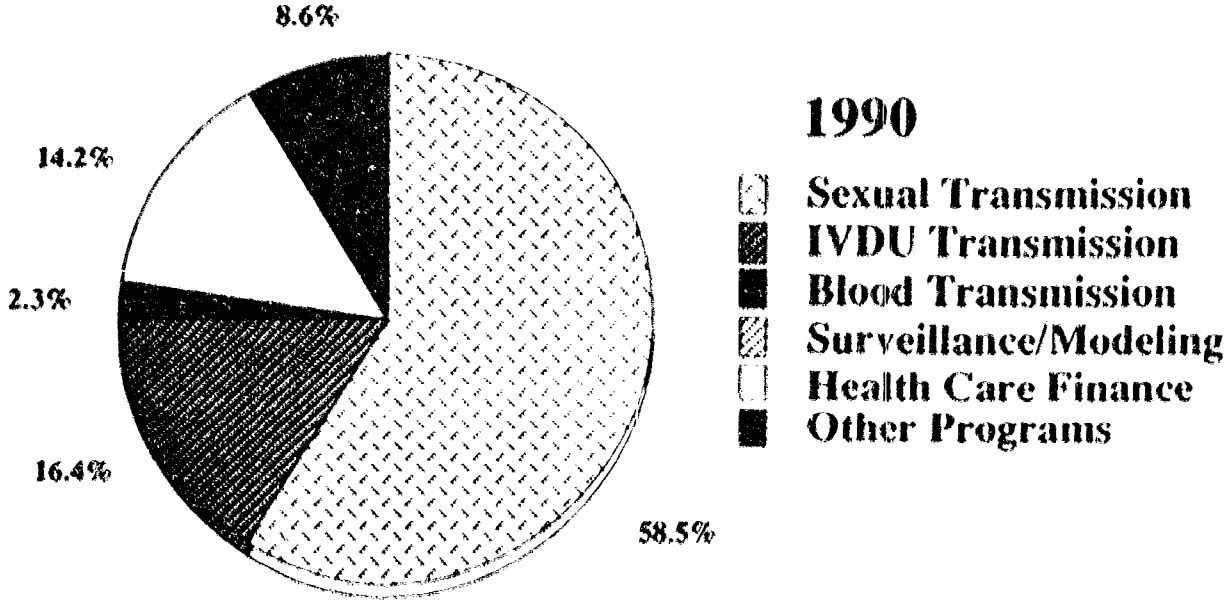
Accomplishments in last six months:

- *The Association de Lutte Contre le Sida (ALCS) initiated the project.*
- *Interviewers were recruited and trained, and study instruments were field-tested.*
- *KAP study was completed in July.*
- *Working sessions were held to discuss results of the survey.*

AIDSTECH Asia/Near East Program
Expenditures By Program Area







Plans for next six months:

- *Design educational materials.*
- *Recruit and train peer educators.*

PHILIPPINES

The Philippines is an AIDSTECH Extensive Program Country. AIDSTECH has worked with the USAID Mission, the National AIDS Committee, and AIDSCOM to develop a comprehensive AIDS program for the Philippines. Components of the AIDSTECH program are described below.

Interventions with High-Risk Behavior Groups. Two intervention programs have been developed for the Philippines. An intervention project in Manila that includes condom distribution and educational messages for individuals who practice high-risk behavior was initiated in January 1989 with the New Tropical Medicine Foundation. The project was completed in June 1990.

Accomplishments in last six months:

- *The following educational materials were field tested and distributed: two question/answer brochures dealing with AIDS and safe sex, three comic books dealing with an AIDS/STD theme, and two AIDS educational posters.*
- *Educational/counseling teams continued to operate at both the Manila STD Clinic and, at the invitation of owners, at certain bars/discos and massage parlors.*
- *Evaluation of educational materials was completed.*
- *Baseline data of STD occurrence, including HIV infection, were analyzed.*
- *Plans to extend education outreach and counseling for all of Metro Manila were developed.*
- *Findings of operational research were presented at the International AIDS Conference in San Francisco.*

Lessons learned:

- *Sustained personal contact between field teams and target population is essential for establishing rapport.*
- *Early linkage with bar owners, local police, and other community leaders is important to facilitate implementation and reduce potential conflicts.*
- *Knowledge of AIDS is high among commercial sex workers, however specific techniques of prevention are not well known.*
- *Commercial sex workers have a high interest in learning specific preventative behaviors.*
- *Targeted interventions with commercial sex workers are costly, and opportunities for cost recovery appear to be limited.*

A second AIDS education and condom distribution intervention project was initiated in October 1989 in Olongapo/Angeles City with the health departments and city councils of those cities.

Accomplishments in last six months:

- *Data gathered by the baseline questionnaire (1000 women, 150 men and 50 mamasans) and daily diaries (50) were analyzed.*
- *IEC materials produced included one video, 500 copies of four posters, and 12 flip charts.*

- *Distribution of AIDS educational materials was initiated.*

- *An AIDS Task Force comprised of city health officials, officials from the Mayor's office, the city press, the US Navy, bar owners and managers, the gay coalition, and health educators continued to meet to review policy and program issues.*

- *Counselors and educators in outreach work at both the Social Hygiene Clinic and in the bars and massage parlors continued to be trained.*

Plans for the next six moths:

- *Continue outreach among target population.*

- *Continue meetings of the AIDS Task Force to develop and adjust strategies*

- *Produce comic book, newsletter, and slide program*

- *Continue training of counselors and educators*

- *Develop plans for the pilot study for use of peer educators*

- *Plan to integrate private and public STD clinics*

- *Hold workshop to discuss lessons learned in both the Olongapo/Angeles city and Metro Manila intervention project.*

- *Develop plans for expansion of program beyond pilot stage to include all those at risk in Olongapo and Angeles City.*

- *Develop plans for expanding HIV screening and counseling among private clinics and practitioners*

<u>Condom Market Analysis</u>: Asia Research Organization, Inc. (ARO), an independent marketing and opinion research agency in the Philippines, conducted a market analysis on condoms in three urban centers in the Philippines: Metro Manila, Greater Cebu City, and urban Davo City. ARO was selected from a group of six marketing agencies who submitted proposals in response to a Request for Proposal (RFP). AIDSTECH/AIDSCOM both provided inputs to the RFP and evaluated each proposal before making the selection of the ARO group.

Accomplishments in last six months:

- *Final report was completed and distributed to USAID, Philippines Department of Health, and AIDSCOM*

- *Plans for strengthening condom distribution, especially in the private sector, were developed from recommendations made in the report.*

- *Data produced by condom marketing analysis has been utilized in development of mass media campaign*

Lessons learned:

- *Commercial distribution of condoms is dominated by the public sector*

- *Private outlets have not been fully exploited.*

- *Opportunities for private sector condom distribution exist.*

- *Condom availability varies by geographic location, with urban centers providing greatest access to individuals at risk of STD.*

Upgrading Social Hygiene Clinics. AIDSTECH supported a project to upgrade nine selected social hygiene clinics by providing necessary equipment and supplies, and to establish four regional STD training programs in coordination with related agencies to meet training needs of social hygiene clinic personnel.

Accomplishments in last six months:

- *Training of 285 STD clinic staff was completed. Approximately 70% of the country's medical staff working directly with STDs were trained through this program.*

- *Equipment upgrading of 13 clinics was completed. Four clinics were upgraded to serve as model training clinics, and nine were upgraded to standard STD clinics.*

- *Assistance was provided to develop an STD procedural manual that is to be used throughout the country.*

Lessons learned:

- *Given resources and technical assistance, the Communicable Disease Control Service of the Department of Health can effectively carry out a training program.*

- *More effort and attention should be given to the budgeting process for projects that require cooperation between private and public organizations.*

- *Having equipment ordered and handled by the local organizations is more efficient than doing it from the US. One drawback to this system is that some of the local regulations inhibit the acquisition of quality materials.*

- *Quiet assistance, like quiet diplomacy, is effective, but without the publicity few people will know of the efforts. More effort should be made to inform policy makers, the press, and the public of USAID's assistance. Low profile assistance is often mistaken for low priority.*

Upgrading Regional Blood Centers. AIDSTECH provided technical assistance to the Division of Standards and Regulations, Ministry of Health, to assess their overall plan to upgrade their 18 regional blood screening laboratories. Funds have been provided for equipment and training. The project has greatly increased the Bureau of Research and Laboratories' (BRL) ability to screen the blood supply for HIV infection and complements equipment that is being directed to BRL through WHO/GPA.

Accomplishments in last six months:

- *One additional blood center was upgraded.*

Lessons learned:

- *The Central Training Center was effective for conducting training in new techniques for HIV testing and for providing assistance in establishing new laboratory techniques.*

Screening of Pooled Sera. An evaluation of serum pooling for HIV was conducted through the Research Institute of Tropical Medicine (RITM) to determine whether pooling sera and testing batches of pooled specimens is a cost-effective measure in areas of low HIV prevalence. Pooling lessens the strain on limited laboratory resources in the Philippines.

Accomplishments in last six months:

- *Data were analyzed.*

- *Findings were presented at the International AIDS Conference in June 1990.*

- *Final Report was written.*

Lessons learned:

- *Serum pooling is an appropriate cost saving measure to be considered by laboratories in the Philippines.*
- *Sensitivity and specificity of three commercial tests were not compromised when small numbers of sera were combined in pools of five.*
- *The SERODIA agglutination test was the test best suited for pooling up to 15 samples and was the least expensive.*

Financial Planning of Health Screening Resources. **AIDSTECH initiated a finance project with RITM that will measure the current and projected demand for HIV blood screening and the resources available for meeting the demand and will develop a plan for the Ministry of Health to reduce resource shortfall.**

Accomplishments in the last six months:

- *Data collection was completed.*
- *A draft of the final report was presented to AIDSTECH; significant cost savings are possible by collecting and screening large volumes of blood, by specializing in blood collection and screening outside the hospital, and by making HIV screening a routine part of the blood processing regimen.*

Plans for next six months:

- *Complete final report.*
- *Use the blood transfusion service planning model to assist the government in developing their strategies for improving the Filipino blood screening system and to validate the flexibility of this model for other regions in the world.*
- *Present findings to the Ministry of Health in the Philippines.*

Program Support. **AIDSTECH provides general program support to the Philippines National AIDS Control Program (NACP).**

Accomplishments in last six months:

- *The Filipino Project Technical Coordinator, Dr. Carlos Calica, assisted the NACP in monitoring and coordinating the AIDSTECH program in the Philippines. Dr. Calica's office is within the NACP office, and AIDSTECH has provided him with secretarial and equipment support.*
- *The upgrading of technical library resources on AIDS information was supported.*
- *Philippine health care professionals involved in the AIDS Control Program were supported to attend the International AIDS Conference in San Francisco.*

Plans for the next six months:

- *Continue support for the AIDSTECH Project Technical Coordinator.*
- *Continue to provide assistance in attending professional meetings.*

SRI LANKA

AIDS Education Project. **AIDSTECH is funding an AIDS Education Project with the Family Planning Association of Sri Lanka under the PVO Small Grants Program. The project provides AIDS education to four specific target groups (teachers, tourist industry employees, youth leaders, and voluntary health workers) and assists members of these groups to acquire teaching and communication skills that will enable them to deliver essential information about AIDS to the populations they serve.**

Accomplishments in last six months:

- *Eight workshops for 230 counselors, three workshops for 86 tourist-trade workers, 28 workshops for 980 volunteer health workers, and six workshops for 227 youth leaders were held.*
- *Project was extended for an additional six months to meet demand.*

Plans for next six months:

- *Continue providing AIDS education workshops.*

THAILAND

Thailand is an AIDSTECH Extensive Program Country. A number of program support and intervention activities have been discussed with the Ministry of Health in Thailand. In February 1990, an eight-member Thai delegation headed by H.E. Sutasn Ngenmune, Deputy Ministry of Public Health, visited Family Health International headquarters to discuss continued AIDS program support, including AIDSTECH programs. Currently, five AIDSTECH initiatives are operating in Thailand, two with IV drug users, a third with persons with multiple partners, a fourth with a large multifaceted program in the northern provinces, and a fifth operations research small grants program.

Thailand: AIDS Education in Institutions. In partnership with the Population and Community Development Association (PDA), this project will develop an AIDS education program at 300 major institutions in Thailand, including private companies, government agencies, state-owned businesses, and educational institutions. AIDS-in-the-workplace volunteers will be identified to disseminate information about AIDS and preventing HIV transmission, using an AIDS information kit which will be developed during the project.

Accomplishments in last six months:

- *Project design was finalized and approved.*

Plans for next six months:

- *Initiate project.*
- *Recruit participating institutions and identify volunteers.*
- *Develop training curriculum and develop and pretest AIDS Training Kit and baseline questionnaire.*
- *Train volunteers.*
- *Initiate training by volunteers at work places.*
- *Assess project impact.*

IV Drug Users. The first project with IV drug users (IVDUs) was initiated with the Program for Appropriate Technology in Health (PATH) and the Bangkok Metropolitan Administration (BMA). The purpose of the project was to develop, evaluate, and disseminate a mix of effective acceptable technologies and education interventions that help to slow the rate of HIV transmission among IVDUs in Bangkok. Education and condom distribution interventions were conducted at three of 17 BMA detoxification clinics. This project was completed in May 1990.

Accomplishments in last six months:

- *Selection and training of outreach personnel continued.*
- *Group dynamics training continued to be provided to volunteers.*
- *Outreach work by trained volunteers continued.*

- *Informational posters and comic books continued to be distributed.*

- *Project was continued to three existing clinics, expanded to two additional clinics through the BMA, and is now operating independently of AIDSTECH*

Lessons learned:

- *IVDUs can be effectively mobilized to act as peer educators to promote AIDS prevention.*

- *One-on-one peer education is an effective model for AIDS prevention concerning IVDUs in Thailand.*

- *Social workers seem to be effective in communication education.*

- *Non-IVDUs who were street-wise were least effective.*

The second IVDU project, with the Duang Prateep Foundation (DFP), is being funded through AIDSTECH's Small Grants Program. The target population for this intervention are 800 IVDUs residing in the Klong Toey slum area of Bangkok. The DFP is a grass roots development organization that has worked in this slum area for 17 years. The project utilizes trained volunteers and ex-IVDUs to conduct an in-depth education program that will work to eliminate IV drug use, change needle sharing practices when drug use cannot be eliminated, and educate this population on safe sex practices.

Accomplishments in last six months:

- *Training of volunteer outreach staff continued*

- *HIV education activities for in-house staff continued*

- *HIV education seminars with 221 IVDUs and their families continued and was expanded*

- *AIDS education to local police continued and was expanded*

- *AIDS education to parent groups continued and was expanded*

- *Activities and materials developed during the first six months of the project were evaluated, materials included AIDSFACTS brochures, AIDS video, posters, and slide presentation.*

Plans for next six months:

- *Expand outreach activities to adolescents in Klong Toey slums*

- *Expand program to IVDUs in adjacent neighborhoods*

<u>Interventions with High-Risk Behavior Groups</u>: A Taxi-Based AIDS Education and Condom Distribution Project with the Population and Community Development Association (PDA) is being funded under AIDSTECH's Small Grants Program. The project targets 800 Bangkok taxi drivers for training as condom social marketing agents. Drivers undergo training on basic AIDS informational messages in an attempt to interface with both persons with multiple partners and their clients. Part of this experimental project tests different themes for distribution of condoms and AIDS informational materials through these taxi cab operators.

Accomplishments in last six months:

- *800 Bangkok taxi drivers were identified and trained*

- *AIDS education materials were developed, pretested and distributed.*

- *Two separate AIDS intervention techniques were initiated:*
  - *use of cassette tapes on condom use and AIDS; and*
  - *personal communication between taxi drivers and customers.*

- *Two separate condom distribution systems were initiated:*
  - *re-supply of drivers from PDA headquarters; and*
  - *resupply by volunteer distributors at taxi cooperatives.*

- *Spot checks of trained cab drivers continued as a quality control measure.*

Plans for next six months:

- *Evaluate the two AIDS intervention techniques.*

- *Evaluate the two condom distribution systems.*

- *Evaluate overall impact of the program and make recommendations for future expansion.*

Northern Provinces Initiative. AIDSTECH, in collaboration with the AIDS Center of the Thai Ministry of Public Health, has developed a plan to address the urgent problem of HIV/AIDS in the Northern region of Thailand. The plan consists of a two-pronged approach: 1) strengthening the existing health infrastructure with respect to HIV/AIDS related issues and 2) testing new and innovative approaches in a pilot province to determine the most effective mix of HIV prevention and control activities.

Accomplishments in last six months.

- *AIDSTECH team visited Thailand to design activities.*

- *Plan for condom logistics workshop for VD Division was developed and approved.*

- *Plans for training in HIV education and counseling for health care personnel were developed.*

- *Plans for training in HIV educational materials were developed at the regional and provincial level.*

- *Plans for province-based pilot activities were developed.*

Plans for next six months:

- *Conduct condom logistics workshop and implement system.*

- *Conduct training in HIV education and materials development.*

- *Develop plan for streamlining HIV-related MIS system.*

- *Implement initial activities in pilot province.*

Operations Research Small Grant Program. AIDSTECH has implemented a small Operations Research Grants program to allow for the rapid development and testing of interventions and/or components of interventions.

Accomplishments in the last six months.

- *A study to assess the effects of repeated official contacts with commercial sex workers for HIV testing purposes upon the HIV-related behaviors and attitudes of the women was initiated.*

- *A study to explore the nature of HIV risk behaviors in long-haul truckers in the Northeastern region of Thailand by a new methodology was initiated. The information collected can be utilized in the implementation and intervention activities targeted toward this population.*

- *A study to test the expansion of a successful "condom-only" brothel approach to HIV prevention through motivation of the brothel owners/managers was initiated.*

Plans for the next six months:

- *Develop and initiate three additional proposals.*

Program Support. Although the focus of AIDSTECH activities in Thailand is on intervention projects among high-risk groups, the program will continue to seek alternative ways to support the National AIDS Program.

Accomplishments in the last six months:

- *US visit of Thai delegation was sponsored in support of a planned Information Center in Thailand.*

- *Dr. Tony Bennett, AIDSTECH Resident Coordinator, provides technical assistance to AIDSTECH supported projects in Thailand.*

IV. MANAGEMENT

The management structure of the AIDSTECH program and its organizational relationship within FHI provides the basis for responding quickly to technical program needs coordinated by a team of highly qualified specialists who form the core staff of AIDSTECH. AIDSTECH has an important relationship with the rest of FHI. On the one hand, the AIDSTECH team draws upon FHI's institutional resources in administration, field development and training, program evaluation, reproductive epidemiology and sexually transmitted diseases, library, data processing, information dissemination program, and international network. On the other hand, FHI is adding additional resources and human skills to the battle against AIDS. It continues to fulfill its commitment in its original proposal, using non-A.I.D. corporate resources to partially support the Project Director and to strengthen AIDSTECH with input from the Vice President of Programs.

Using corporate resources and a joint program with IPPF funded by the British Overseas Development Administration, FHI is exploring the possibility of interventions to slow HIV transmission among high-risk groups in countries where A.I.D. does not normally work. Using the A.I.D. Cooperative Agreement in Contraceptive Research, FHI is evaluating the shelf life of latex condoms and is developing a non-latex condom to be stronger and less prone to environmental deterioration. Important research studies are also underway with support from NIH, A.I.D.'s Office of Population, and WHO/HRP for work in contraception and HIV transmission.

A. PERSONNEL AND ORGANIZATIONAL STRUCTURE

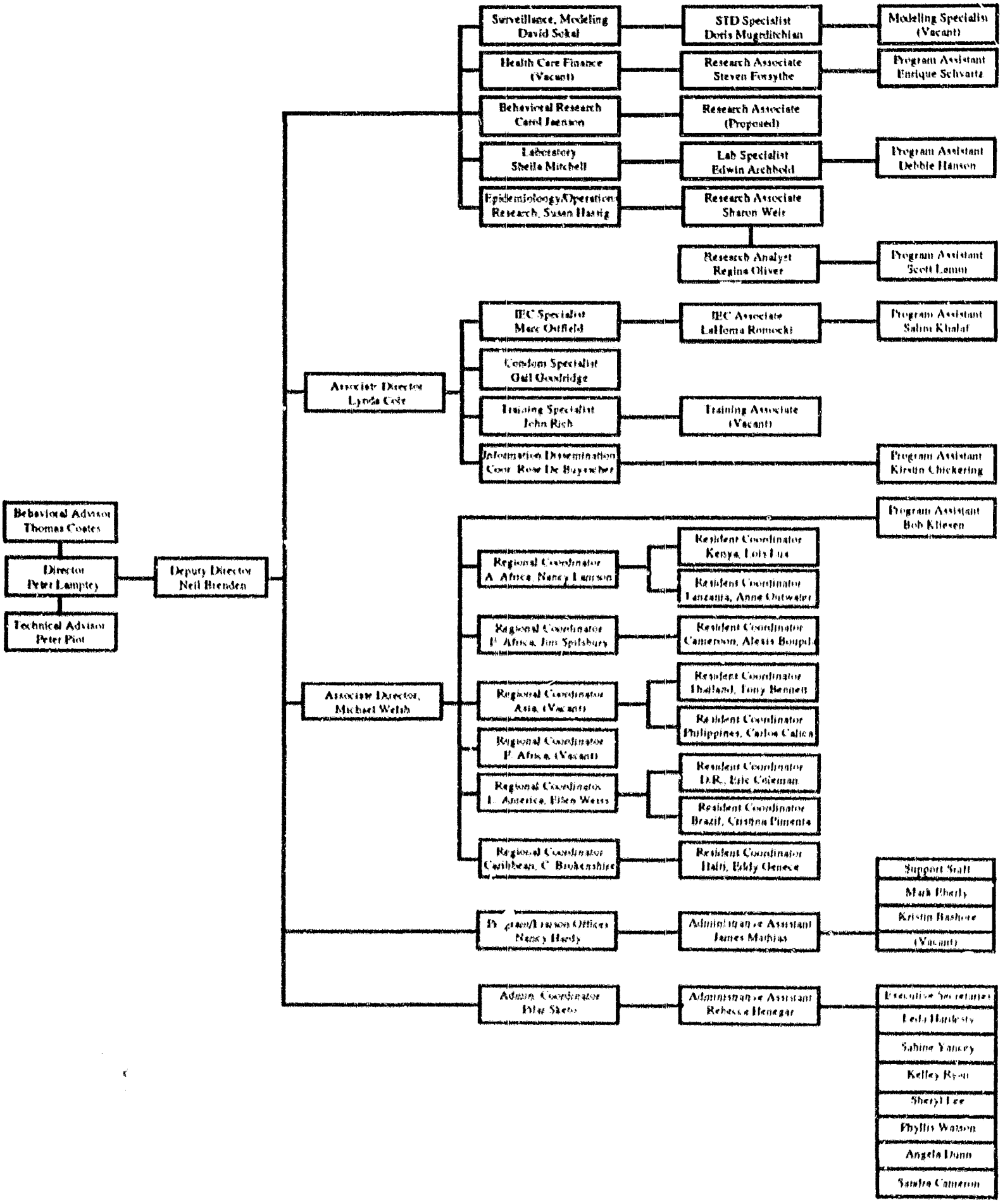
AIDSTECH staffing needs have grown since the project began. The heavy workload resulting from the volume of projects currently in development and implementation and the increasing number of add-ons from bilateral agreements has necessitated expanding the staff. As program development and implementation have proceeded, needs for staff with additional skills and expertise have been identified.

A Deputy Director, a Behavioral Research Specialist, an IEC Associate, a Research Analyst, and two Program Assistants have joined AIDSTECH in the past six months. AIDSTECH currently has three vacant senior level positions: a Health Care Finance Specialist, a Modeling Specialist, and a Regional Coordinator for Africa.

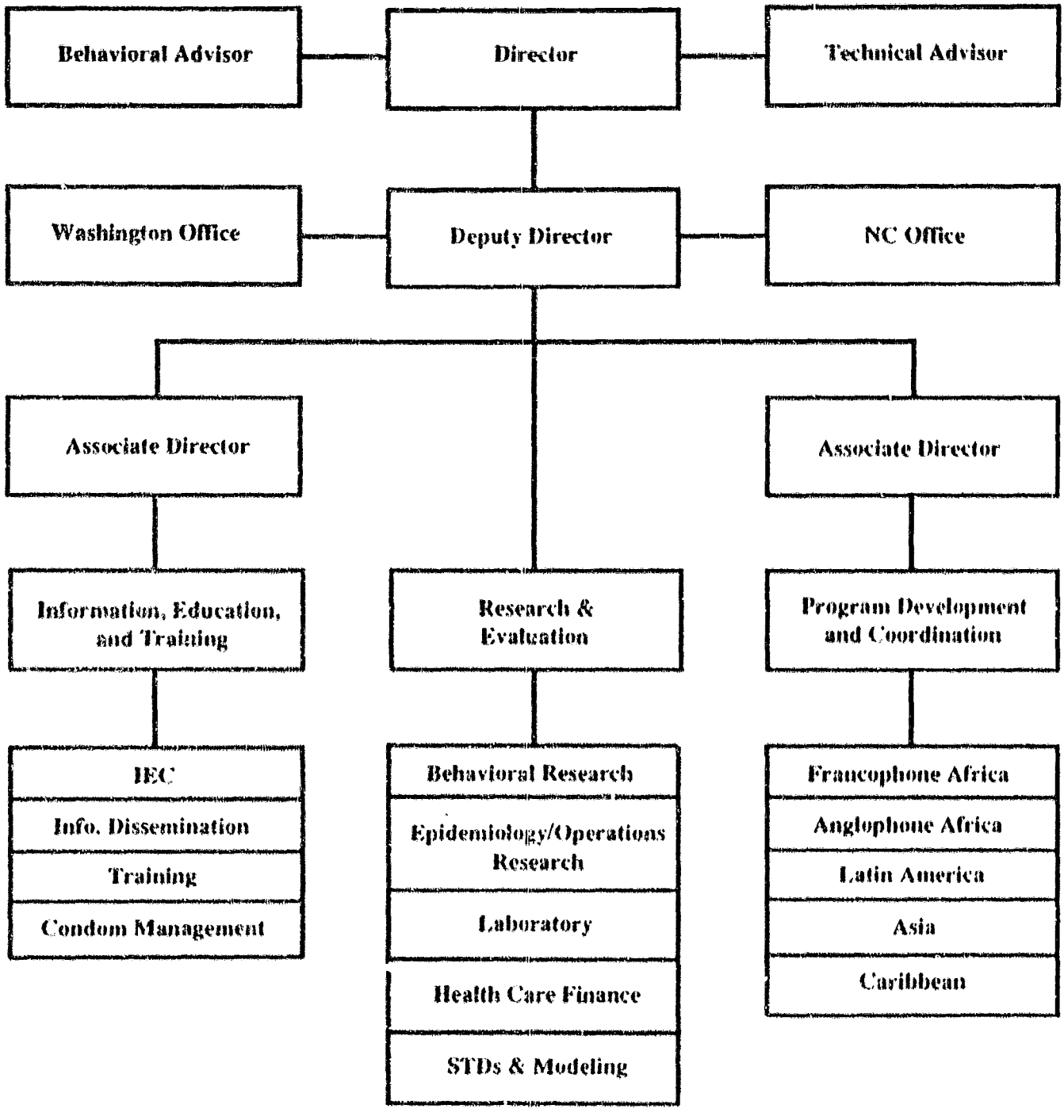
Dr. Thomas Coates, Center for AIDS Prevention Studies (CAPS), University of California, San Francisco, has consented to serve as AIDSTECH's Behavior Advisor. Dr. Coates is providing AIDSTECH program input in developing a Behavior Research Strategy, in identifying relevant research questions, in designing behavior research protocols, and in formulating an Intervention/Behavior Change Model. AIDSTECH's current staffing structures are shown in the organizational charts on (Pages 82-87). In summary,

- Forty-three core staff are located in North Carolina; these are supplemented by a Washington, DC staff of five and a field staff of eight.

AIDSTECH Organizational Chart

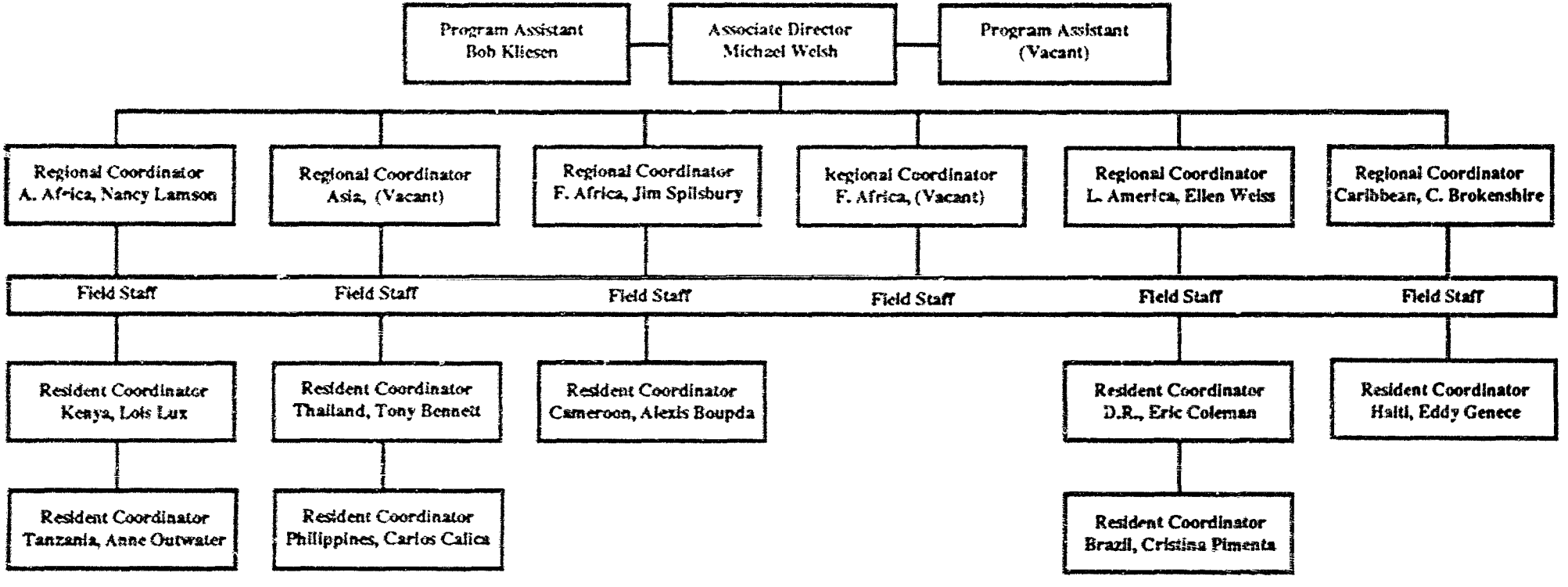


AIDSTECH Organizational Chart



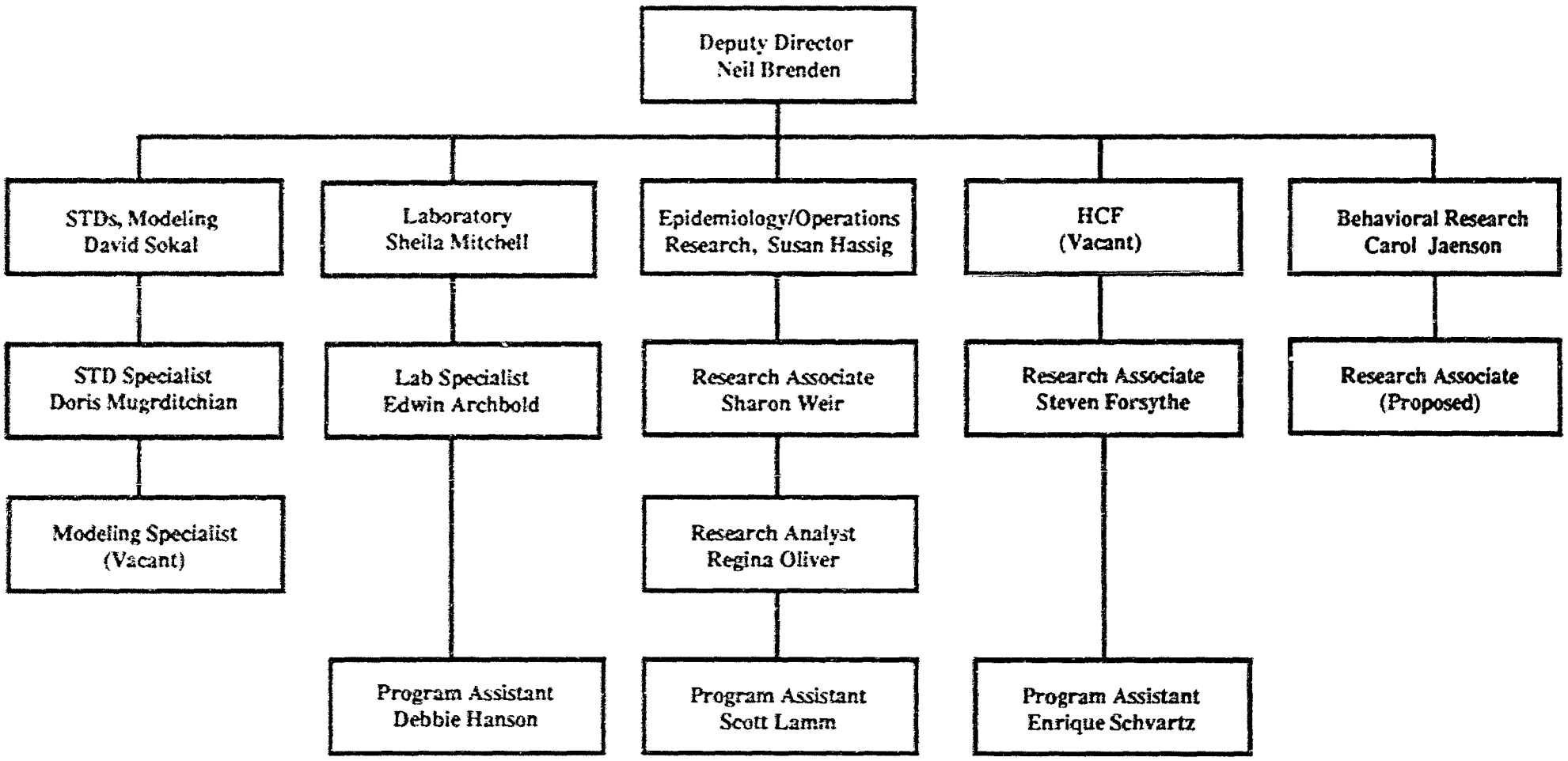
AIDSTECH Organizational Chart

Program Development and Coordination Unit



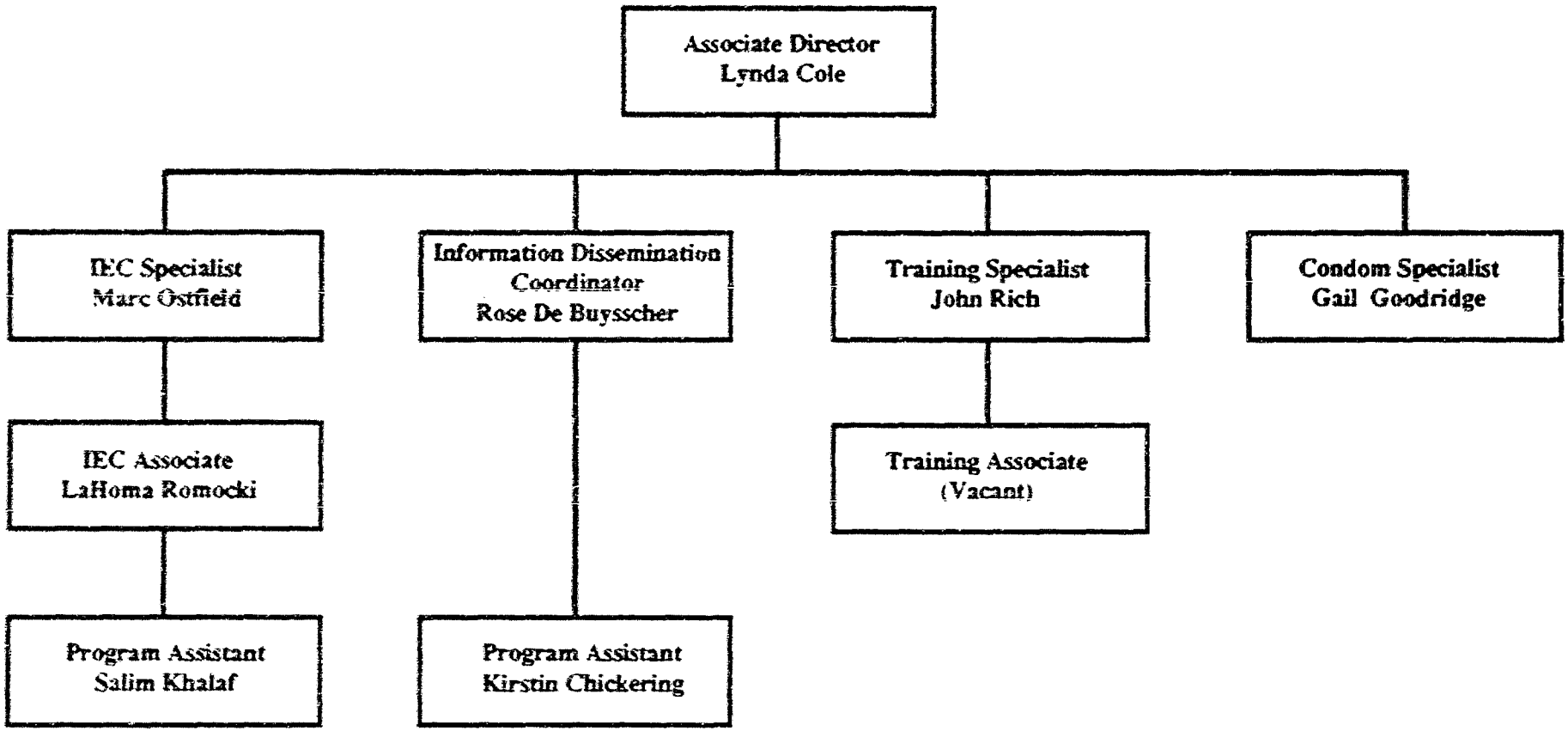
AIDSTECH Organizational Chart

Research and Evaluation Unit



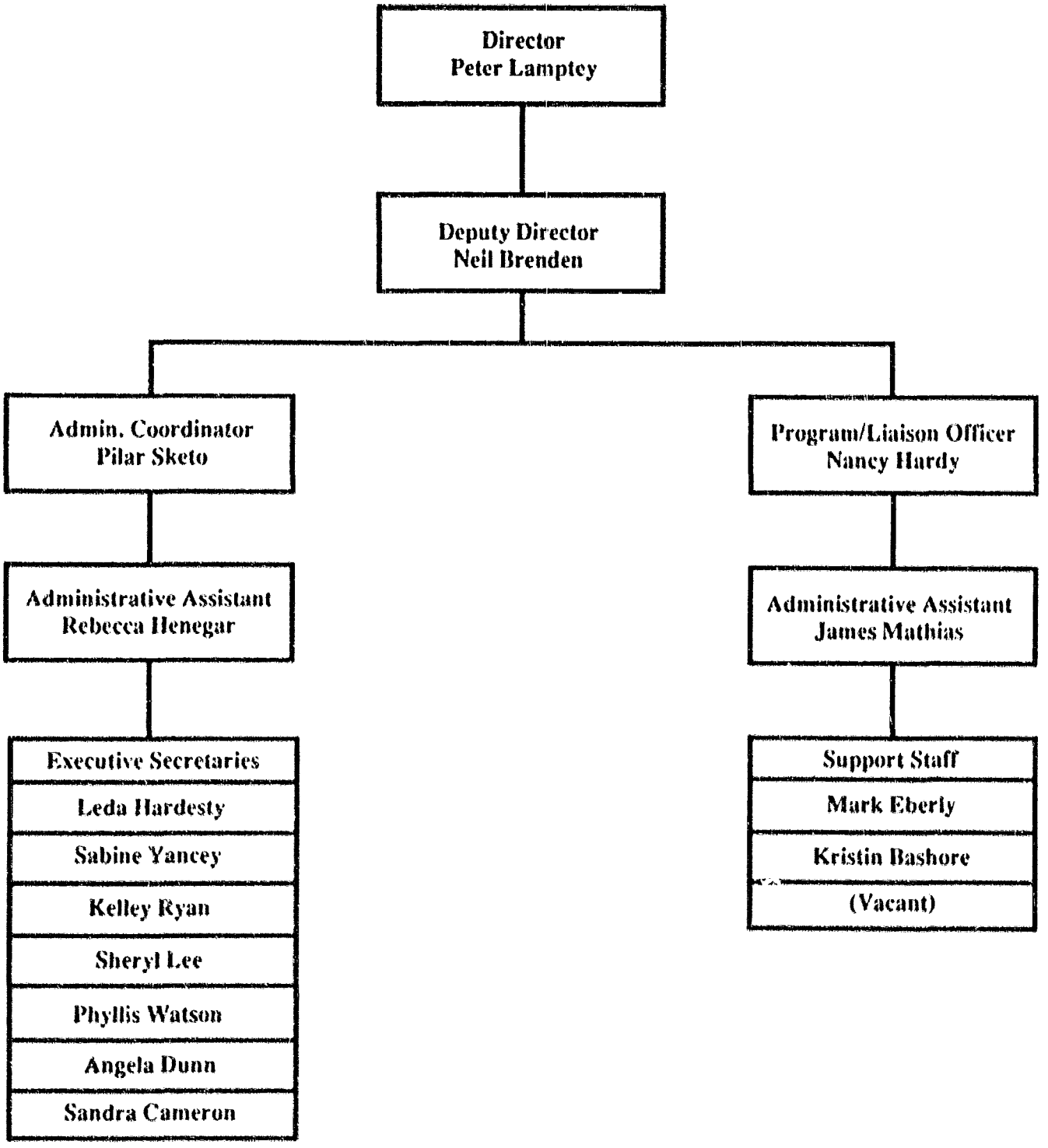
AIDSTECH Organizational Chart

Information, Education & Training Unit



AIDSTECH Organizational Chart

Administration



- Country Resident Coordinators are being used in selected countries where the scope of program activities justifies the placement of such a coordinator. FHI/AIDSTECH is contracting with Resident Coordinators in Kenya, Cameroon, Tanzania, the Philippines, Thailand, Brazil, Haiti, and the Dominican Republic.

- Technical areas of staff expertise include epidemiology, operations research, program evaluation, behavioral research, laboratory, health care financing, surveillance, modeling, STDs, condom logistics, competency-based training, and information, education, and communication.

- Regional coordinators provide general strategic and program management for identified geographical areas: Francophone Africa, Anglophone Africa, Asia, Latin America, and the Caribbean. AIDSTECH is recruiting another Regional Coordinator for Africa and plans to split the Caribbean position into Eastern Caribbean and Haiti.

B. PROGRAM MANAGEMENT

The FHI Washington Office continues to be responsible for cable traffic between AIDSTECH and the USAID Missions and for coordinating AIDSTECH activities with A.I.D./Washington. An Administrative Assistant has been hired to assist the Program/Liaison Officer in the coordination of activities.

The AIDSTECH program operates in close coordination with the Cognizant Technical Officer (CTO) in A.I.D.'s Office of Health. During this reporting period, monthly meetings were held in Washington with the CTO and other Office of Health staff, the AIDSTECH Director, and other members of the AIDSTECH staff.

AIDSTECH has also established a strong relationship with WHO. AIDSTECH staff made three visits to Geneva to collaborate on the design of a genital ulcer protocol, to discuss blood safety initiatives, and to attend a meeting on strategies for AIDS and STD control programs.

C. TECHNICAL ASSISTANCE

In the past six months, AIDSTECH has provided ninety-six weeks of technical assistance to twenty-five countries. Table 3 gives a breakdown of number of trips by program area and region.

Table 3
AIDSTECH Technical Assistance by Program Area and Region

	Africa Region		LAC Region		ANE Region		Total	
Program Area	Trips	Weeks	Trips	Weeks	Trips	Weeks	Trips	Weeks
Sexual Transmission	5	10	24	31	6	16	35	57
IVDU Transmission	0	0	0	0	1	1	1	1
Blood Transmission	2	4	5	6	0	0	7	10
Surveillance	1	5	1	2	0	0	2	7
Health Care Financing	0	0	3	4	1	3	4	7
Policy	6	12	2	2	0	0	8	14
Total	14	31	35	45	8	20	57	96

D. ISSUES AND PROBLEMS

Project Delays. While FHI/AIDSTECH and A.I.D. agree that interventions with high-risk behavior groups are the most critical to slowing the spread of the AIDS epidemic, these interventions are also controversial and, therefore, often

difficult to get approved by National AIDS Committees and other government entities that must serve as the local sponsors and implementing agencies. This has slowed somewhat our progress in getting interventions started in some countries. In the past six months, AIDSTECH has worked unsuccessfully to obtain approvals for interventions in Barbados, Kenya, and Burundi. AIDSTECH continues to work on informing, educating, and motivating National AIDS Committees about the need for programs with high-risk behavior groups.

Logistics Issues. Supplying the field with HIV tests and making sure condoms are available for programs has taken considerable effort by AIDSTECH staff. Although USAID Missions have been extremely helpful in facilitating receipt of testing reagents, there have been continuing problems with delivery of test kits, including lost shipments and shipments destroyed because of lack of refrigeration. AIDSTECH is becoming less involved with procurement as WHO takes the lead in this area. Problems with condom supply for AIDSTECH intervention programs in Nigeria and the Dominican Republic were discussed at the A.I.D. AIDS Mini-Conference held in February 1990. AIDSTECH has recruited a Condom Logistics Specialist to work with projects to design and implement condom distribution plans for all intervention programs.

Program Sustainability. As successful programs come to the end of their initial funding, there is a need for expansion and replication. The Zaire Social Marketing Project and the Philippines programs are two examples of the need for program continuation and expansion. Both have been funded by add-ons to the AIDSTECH Cooperative Agreement. Uncertainty of follow-on Mission funding is making planning for program expansion difficult at particularly critical stages where successful programs have been established. Funding cessation or disruption can be expected to have negative consequences for the programs and call into question the initial deployment of resources for establishing major programs

V. Future Plans

A major focus of AIDSTECH activities in the coming months continues to be the Behavioral Research Program. Specifically, AIDSTECH will:

- select a second post-doctoral fellow for placement overseas;
- initiate nine pilot projects under the Behavioral Research Grants Program; and
- gather and disseminate relevant information on the nature and extent of high risk behavior and develop appropriate strategies to modify such behavior.

AIDSTECH will continue to focus efforts on interventions targeted at high risk groups for the prevention of sexual transmission of HIV. Specifically, AIDSTECH will:

- review and evaluate interventions for lessons learned, determining what works and what does not;
- disseminate the AIDSTECH experience with interventions through publications, conference presentations, and workshops;
- consolidate and expand successful programs; and
- promote the development of social marketing of condoms in AIDSTECH emphasis countries.

AIDSTECH will give greater attention to the control and prevention of other STDs, including both genital ulcer and non-genital ulcer diseases. Specifically, AIDSTECH will:

- strengthen HIV/STD prevention efforts targeted toward STD patients; and
- begin determining the feasibility, acceptability, and efficacy of social marketing of STD drugs.

AIDSTECH will strengthen collaboration efforts with other donor agencies such as WHO/GPA, PAHO, CDC, NIH, EEC, the World Bank, and private foundations and institutions.

Appendix 1

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
Africa			
Sex	2,265,797	1,692,515	3,958,312
Blood	366,332	893,536	1,259,868
Surveillance	205,281	240,905	446,186
HCF	19,282	65,000	84,282
Other	538,189	615,757	1,153,946
Total	3,394,881	3,507,713	6,902,594
LAC			
Sex	1,376,058	1,583,442	2,959,500
Blood	180,139	415,777	595,916
Surveillance	149,322	385,261	534,583
HCF	204,605	260,401	465,006
Other	541,322	769,908	1,311,230
Total	2,451,446	3,414,789	5,866,235
ANE			
Sex	739,757	567,814	1,307,571
IVDU	202,644	0	202,644
Blood	6,337	159,822	166,159
Surveillance	6,000	0	6,000
HCF	20,327	153,258	173,585
Other	329,335	168,043	497,378
Total	1,304,400	1,048,937	2,353,337
Program Areas			
Sex	4,381,612	3,843,771	8,225,383
IVDU	202,644	0	202,644
Blood	552,808	1,469,135	2,021,943
Surveillance	360,603	626,166	986,769
HCF	244,214	478,659	722,873
Other	1,408,846	1,553,708	2,962,554
Regions			
Africa	3,394,881	3,507,713	6,902,594
LAC	2,451,446	3,414,789	5,866,235
ANE	1,304,400	1,048,937	2,353,337
Total	**7,150,727**	**7,971,439**	**15,122,166**

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

AFRICA REGION	CORE	ADD-ON	TOTAL
Botswana			
Sex	100,000	0	100,000
Other	9,178	6,539	15,717
Total	109,178	6,539	115,717
Burkina Faso			
Sex	176,782	361,650	538,432
Blood	83,184	78,991	162,175
Surveillance	8,000	0	8,000
Other	31,689	16,719	48,408
Total	299,655	457,360	757,015
Burundi			
Sex	0	24,934	24,934
Surveillance	98,281	50,905	149,186
Other	16,104	65,531	81,635
Total	114,385	141,370	255,755
Cameroon			
Sex	204,060	322,277	526,337
Blood	115,757	158,207	273,964
Surveillance	0	155,000	155,000
HCF	4,821	0	4,821
Other	66,446	21,729	88,175
Total	391,084	657,213	1,048,297
Cape Verde			
Other	4,261	0	4,261
Total	4,261	0	4,261
Central African Republic			
Sex	60,000	0	60,000
Other	0	6,781	6,781
Total	60,000	6,781	66,781
Chad			
Other	1,096	0	1,096
Total	1,096	0	1,096
Congo			
Other	0	6,386	6,386
Total	0	6,386	6,386
Cote d'Ivoire			
Other	13,461	21,745	35,206
Total	13,461	21,745	35,206
Gambia			
Other	5,301	0	5,301
Total	5,301	0	5,301

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
Ghana			
Sex	274,461	204,089	478,550
Blood	0	100,696	100,696
Other	38,270	10,061	48,331
Total	312,731	314,846	627,577
Guinea			
Other	5,415	0	5,415
Total	5,415	0	5,415
Guinea-Bisseau			
Other	3,698	10,809	14,507
Total	3,698	10,809	14,507
Kenya			
Sex	390,733	180,410	571,143
Blood	111,104	168,641	279,745
Other	97,391	101,095	198,486
Total	599,228	450,146	1,049,374
Lesotho			
Other	5,455	6,876	12,331
Total	5,455	6,876	12,331
Malawi			
Blood	32,000	10,275	42,275
Surveillance	11,000	35,000	46,000
HCF	14,461	65,000	79,461
Other	10,905	13,012	23,917
Total	68,366	123,287	191,653
Mali			
Sex	36,485	100,000	136,485
Other	7,168	0	7,168
Total	43,653	100,000	143,653
Mauritania			
Other	1,814	0	1,814
Total	1,814	0	1,184
Mozambique			
Other	7,407	559	7,966
Total	7,407	559	7,966
Niger			
Sex	22,151	80,000	102,151
Other	4,631	6,103	10,734
Total	26,782	86,103	112,885

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
Nigeria			
Sex	79,900	0	79,900
Other	9,609	19,822	29,431
Total	89,509	19,822	109,331
Rwanda			
Other	0	9,502	9,502
Total	0	9,502	9,502
Senegal			
Blood	1,990	122,679	124,669
Other	5,035	20,971	26,006
Total	7,025	143,650	150,675
Somalia			
Other	0	5,785	5,785
Total	0	5,785	5,785
Sudan			
Other	5,046	6,070	11,116
Total	5,046	6,070	11,116
Swaziland			
Other	17,340	6,550	23,890
Total	17,340	6,550	23,890
Tanzania			
Sex	170,000	174,000	344,000
Other	5,710	52,111	57,821
Total	175,710	226,111	401,821
Togo			
Other	4,586	6,240	10,826
Total	4,586	6,240	10,826
Uganda			
Sex	158,750	0	158,750
Surveillance	88,000	0	88,000
Other	11,226	21,553	32,779
Total	257,976	21,553	279,529
Zaire			
Sex	152,475	0	152,475
Blood	3,929	99,325	103,254
Other	48,637	35,790	84,427
Total	205,041	135,115	340,156
Zambia			
Other	6,665	18,941	25,606
Total	6 665	18,941	25,606

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
Zimbabwe			
Sex	100,000	245,155	345,155
Blood	18,368	154,722	173,090
Other	20,145	18,477	38,622
Total	138,513	418,354	556,867
Regional			
Sex	340,000	0	340,000
Other	74,500	100,000	174,500
Total	414,500	100,000	514,500
Africa Region			
Sex	2,265,797	1,692,515	3,958,312
Blood	366,332	893,536	1,259,868
Surveillance	205,281	240,905	446,186
HCF	19,282	65,000	84,282
Other	538,189	615,757	1,153,946
Total Africa Region	**3,394,881**	**3,507,713**	**6,902,594**

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

LAC REGION	CORE	ADD-ON	TOTAL
Belize			
Other	7,621	0	7,621
Total	7,621	0	7,621
Bolivia			
Sex	0	31,031	31,031
Blood	8,634	31,923	40,557
Surveillance	0	20,046	20,046
Other	20,541	7,684	28,225
Total	29,175	90,684	119,859
Brazil			
Sex/Training	50,334	141,032	191,366
Other	29,514	153,699	183,213
Total	79,848	294,731	374,579
Chile			
Sex	100,000	0	100,000
Other	6,323	0	6,323
Total	106,323	0	106,323
Colombia			
Other	14,622	0	14,622
Total	14,622	0	14,622
Costa Rica			
Sex	52,663	0	52,663
Other	11,272	0	11,272
Total	63,935	0	63,935
Dominican Republic			
Sex	0	521,359	521,359
Blood	20,000	184,750	204,750
Surveillance	0	116,037	116,037
HCF	92,256	112,000	204,256
Other	132,714	165,227	297,941
Total	244,970	1,099,373	1,344,343
Eastern Caribbean			
Sex	155,490	554,523	710,013
Blood	15,000	60,000	75,000
Surveillance	0	11,039	11,039
HCF	0	128,401	128,401
Other	129,148	50,761	179,909
Total	299,638	804,724	1,104,362
Ecuador			
Sex	57,759	9,660	67,419
Blood	96,103	57,109	153,212
Surveillance	15,070	7,139	22,209
Other	45,690	15,897	61,497
Total	214,532	89,805	304,337

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
El Salvador			
Sex	86,662	48,000	136,662
Blood	10,960	50,000	60,960
Surveillance	9,212	0	9,212
Other	15,970	0	15,970
Total	124,804	98,000	222,804
Guatemala			
Sex	15,800	0	15,800
Blood	6,850	0	6,850
Surveillance	6,850	0	6,850
Other	13,363	0	13,363
Total	42,863	0	42,863
Haiti			
Sex	293,713	259,832	553,545
Surveillance	56,200	231,000	287,200
Other	28,657	360,750	389,407
Total	378,570	851,582	1,230,152
Honduras			
Other	10,493	0	10,493
Total	10,493	0	10,493
Jamaica			
Sex	121,375	0	121,375
Other	11,371	15,890	27,261
Total	132,746	15,890	148,636
Mexico			
Sex	440,262	0	440,262
Surveillance	61,990	0	61,990
HCF	112,349	0	112,349
Other	36,674	0	36,674
Total	651,275	0	651,275
Peru			
Sex	0	18,005	18,005
Blood	22,592	31,995	54,587
Other	27,439	0	27,439
Total	50,031	50,000	100,031
Regional			
HCF	0	20,000	20,000
Total	0	20,000	20,000
LAC Region			
Sex	1,376,058	1,583,442	2,959,500
Blood	180,139	415,777	595,916
Surveillance	149,322	385,261	534,583
HCF	204,605	260,401	465,006
Other	541,322	769,908	1,311,230
Total LAC Region	**2,451,446**	**3,414,789**	**5,866,235**

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

ANE REGION	CORE	ADD-ON	TOTAL
Bangladesh			
Other	10,806	0	10,806
Total	10,806	0	10,806
Egypt			
Other	7,756	0	7,756
Total	7,756	0	7,756
India			
Other	15,466	0	15,466
Total	15,466	0	15,466
Indonesia			
Sex	100,000	0	100,000
Other	26,372	0	26,372
Total	126,372	0	126,372
Jordan			
Other	9,505	0	9,505
Total	9,505	0	9,505
Morocco			
Sex	56,180	0	56,180
Surveillance	6,000	0	6,000
Other	16,567	0	16,567
Total	78,747	0	78,747
Oman			
Other	4,055	0	4,055
Total	4,055	0	4,055
Pakistan			
Other	8,819	0	8,819
Total	8,819	0	8,819
Philippines			
Sex	160,542	567,814	728,356
Blood	6,337	159,822	166,159
HCF	4,828	153,258	158,086
Other	51,587	165,539	217,126
Total	223,294	1,046,433	1,269,727
South Pacific			
HCF	15,499	0	15,499
Other	34,648	0	34,648
Total	50,147	0	50,147
Sri Lanka			
Sex	29,025	0	29,025
Other	11,314	0	11,314
Total	40,339	0	40,339

PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION

	CORE	ADD-ON	TOTAL
Thailand			
Sex	394,010	0	394,010
IVDU	202,644	0	202,644
Other	122,585	2,504	125,089
Total	719,239	2,504	721,743
Tunisia			
Other	9,855	0	9,855
Total	9,855	0	9,855
ANE Region			
Sex	739,757	567,814	1,307,571
IVDU	202,644	0	202,644
Blood	6,337	159,822	166,159
Surveillance	6,000	0	6,000
HCF	20,327	153,258	173,585
Other	329,335	168,043	497,378
Total ANE Region	**1,304,400**	**1,048,937**	**2,353,337**

Appendix 2

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Africa Regional	ADRA: AIDS Prevention Workshops	06/89	74500	0	Ongoing
	Policy Development	01/90	0	100000	Ongoing
	AIDS Film	01/91	340000	0	Planned
Botswana	National Plan Review	02/88	1096	0	Complete
	Population Association of America Participation	04/88	2740	0	Complete
	International AIDS Conference Participation	06/88	5342	6539	Complete
	Peer Education for AIDS Prevention	11/90	100000	0	Planned
Burkina Faso	Needs Assessment/ Project Development	02/88	14377	9502	Complete
	Equipment/Supplies Procurement/Training	06/88	83184	78991	Complete
	International AIDS Conference	06/88	17312	7217	Complete
	Participation Intervention with High Risk Groups	11/88	2298	61650	Ongoing
	Pilot AIDS Social Marketing Program	04/89	41059	50000	Ongoing
	National Social Marketing Program	10/90	0	250000	Planned
	Technical Assistance in Surveillance	06/88	8000	0	Complete
	STD Surveillance and Control	10/89	133425	0	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Burundi	Needs Assessment	02/88	9502	9502	Complete
	International AIDS Conference Participation	06/88	17971	6014	Complete
	Intervention with High Risk Groups	05/90	0	24934	Planned
	Cohort Surveillance	05/89	98281	50905	Ongoing
	Health Provider Training	10/88	6602	50015	Complete
Cameroon	National Plan Review	02/88	1096	0	Complete
	Project Development	03/88	14775	0	Complete
	International AIDS Conference Participation	06/88	9126	17570	Complete
	Tanzania Conference Participation	09/88	4110	0	Complete
	Resident Coordinator	06/89	31461	4159	Ongoing
	Program Support	01/89	5878	0	Ongoing
	Technical Assistance in Finance	04/89	4821	0	Complete
	Intervention with High Risk Groups	05/89	145775	207262	Ongoing
	Sentinel Surveillance	05/89	0	155000	Ongoing
	Evaluation of Social Marketing	11/90	200000	0	Planned
	Reducing Blood Transfusions	10/89	0	30527	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Cameroon	Development of a Counseling Program	10/89	0	15015	Ongoing
	HIV Testing and Training	05/89	20000	127680	Ongoing
	Efficacy of Barrier Methods	04/89	38285	100000	Ongoing
	International Health Services AIDS Diagnostic Test	03/89	95757	0	Ongoing
Cape Verde	International AIDS Conference Participation	06/89	4261	0	Complete
Central African Republic	International AIDS Conference Participation	06/88	0	6781	Complete
	AFRICARE Intervention with High Risk Groups	01/91	60000	0	Planned
Chad	National Plan Review	02/88	1096	0	Complete
Congo	International AIDS Conference Participation	06/88	0	6386	Complete
Cote D'Ivoire	Needs Assessment/ Project Development	12/87	8905	9502	Complete
	International AIDS Conference Participation	06/88	4556	12243	Complete
Gambia	International AIDS Conference Participation	06/89	5301	0	Complete
Ghana	Needs Assessment/ Project Development	04/88	11215	9502	Complete
	International AIDS Conference Participation	06/88	9756	559	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Ghana	Resident Coordinator	09/89	11340	0	Ongoing
	Program Support	01/89	5959	0	Ongoing
	Expanded Intervention with High Risk Groups	06/89	94313	58937	Ongoing
	Intervention with Military	10/89	180148	145152	Ongoing
	Rapid Test Evaluation	01/89	0	100696	Complete
Guinea	International AIDS Conference Participation	06/89	5415	0	Complete
Guinea-Bisseau	International AIDS Conference Participation	06/88	3698	10809	Complete
Kenya	Needs Assessment/ Project Development	01/88	10484	8608	Complete
	Anthropologic Perspectives Meeting Participation	01/88	5480	0	Complete
	International AIDS Conference Participation	06/88	8483	10287	Complete
	Intervention with High Risk Groups in Mombasa	05/90	89320	36305	Planned
	Intervention with Truck Drivers	01/90	70020	67130	Ongoing
	Workshop for Family Planning Workers	03/89	42525	0	Ongoing
	KAP Survey of Adolescents	08/90	68500	0	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Kenya	Crescent Medical Aid: Educational Counseling Training Program	01/90	24861	0	Ongoing
	Crescent Medical Aid: Strengthening STD Services	01/91	0	76975	Planned
	Condom Assessment	08/89	11807	0	Complete
	CEDPA/FLFS: Education and Counseling Training	01/91	45000	0	Planned
	Kenya Red Cross: Counseling Training Program	01/91	38700	0	Planned
	Rapid Test Evaluation	10/88	0	100696	Complete
	Technical Assistance: Quality Control and Training	10/90	0	67945	Planned
	Blood Bank Data Management	11/89	69204	0	Ongoing
	Evaluation of HIV-1 Dipstick Assay	10/90	41900	0	Planned
	Program Support	01/89	2944	0	Ongoing
	East Africa Program Coordinator	09/88	70000	82200	Ongoing
Lesotho	International AIDS Conference Participation	06/88	5455	6876	Complete
Malawi	Training Lab Techs in HIV Testing	11/87	0	10275	Complete
	International AIDS Conference Participation	06/88	5195	13012	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Malawi	Needs Assessment	01/89	5710	0	Complete
	Economic Impact of AIDS	09/89	14461	65000	Ongoing
	Technical Assistance in Epidemiology	09/89	11000	35000	Ongoing
	Attitudes Toward Blood Donation	11/90	32000	0	Planned
Mali	Expanded Intervention with High-Risk Groups	08/89	36485	100000	Ongoing
	International AIDS Conference Participation	06/90	7168	0	Complete
Mauritania	International AIDS Conference Participation	06/90	1814	0	Complete
Mozambique	National Plan Review	02/88	1096	0	Complete
	International AIDS Conference Participation	06/88	6311	559	Complete
Niger	International AIDS Conference Participation	06/88	4631	6103	Complete
	Intervention with High-Risk Groups	07/90	22151	80000	Ongoing
Nigeria	Needs Assessment	10/87	0	5480	Complete
	Workshop Technical Assistance	02/88	0	7508	Complete
	International AIDS Conference Participation	06/88	5609	6834	Complete
	Expanded Intervention with High Risk Groups	8/89	79900	0	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Rwanda	Needs Assessment	02/88	0	9502	Complete
Senegal	Retrovirus Conference	12/87	0	30332	Complete
	Needs Assessment/ Project Development	12/87	252	9502	Complete
	International AIDS Conference Participation	06/88	4783	11469	Complete
	Equipment/Supplies Procurement	06/88	1990	21995	Complete
	Rapid Test Evaluation	10/88	0	100694	Complete
Somalia	International AIDS Conference Participation	06/88	0	5785	Complete
Sudan	International AIDS Conference Participation	06/88	5046	6070	Complete
Swaziland	National Plan Review	03/88	1096	0	Complete
	International AIDS Conference Participation	06/88	5453	6550	Complete
	Needs Assessment	06/89	10791	0	Complete
Tanzania	Needs Assessment	02/88	5710	9502	Complete
	International AIDS Conference Participation	06/88	0	13609	Complete
	Intervention with Long Distance Drivers	10/88	140000	89000	Ongoing
	Strengthening STD Services for High-Risk Groups	01/91	0	85000	Planned
	Ethnographic Study of Truck Stops	01/91	30000	0	Planned

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Tanzania	Resident Coordinator	05/90	0	29000	Ongoing
Togo	International AIDS Conference Participation	06/88	4586	6240	Complete
Uganda	Needs Assessment	01/88	0	9502	Complete
	Anthropologic Perspectives Meeting Participation	01/88	6344	0	Complete
	International AIDS Conference Participation	06/88	4882	12051	Complete
	AIDS Modeling	04/90	88000	0	Ongoing
	AIDS/STD Study Support	09/89	58750	0	Complete
	Sociocultural Context of AIDS	11/90	100000	0	Planned
Zaire	National Plan Review	01/88	1096	0	Complete
	Needs Assessment/ Project Development	02/88	35512	6000	Complete
	International AIDS Conference Participation	06/88	12029	29790	Complete
	Expansion of Social Marketing	03/89	132475	0	Ongoing
	Rapid Test Evaluation	04/89	3929	99325	Complete
	Evaluation of Social Marketing	11/90	200000	0	Planned
Zambia	National Plan Review	02/88	1096	0	Complete
	International AIDS Conference Participation	06/88	5569	18941	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Zimbabwe	International AIDS Conference Participation	06/88	10693	7649	Complete
	Tanzania AIDS Conference Participation	09/88	2055	0	Complete
	Needs Assessment/ Project Development	07/88	7397	10828	Complete
	KAP Module	07/88	0	23290	Complete
	Intervention with High Risk Groups	09/89	0	171865	Ongoing
	Equip/Supply Five Hospitals	11/88	0	122035	Complete
	Intervention with Labor on Commercial Farms	11/90	0	50000	Planned
	Training in Disease Control Procedures and Laboratory Tests	03/89	143	32687	Complete
	Supply Blood Transfusion Service	03/89	18225	0	Complete
	Understanding Condom Use	11/90	100000	0	Planned

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Latin America/ The Caribbean					
Regional	Health Care Finance Training	05/90	0	20000	Ongoing
Belize	International AIDS Conference Participation	06/88	7621	0	Complete
Bolivia	Needs Assessment	04/88	7535	7684	Complete
	Laboratory Technical Assistance	04/88	1501	0	Complete
	National Plan Review	04/88	1096	0	Complete
	International AIDS Conference Participation	06/88	11910	0	Complete
	Technical Assistance in Surveillance	06/90	0	20046	Ongoing
	Technical Assistance in STD Control	06/90	0	31031	Ongoing
	Technical Assistance in Blood/Laboratory	01/90	7133	31923	Ongoing
Brazil	International AIDS Conference Participation	06/88	21514	11194	Complete
	Needs Assessment	12/88	8000	8000	Complete
	General Training	12/88	0	29655	Ongoing
	IMPACT Peer Educator Training	03/90	50334	0	Complete
	CCII Institutional Development	05/90	0	64850	Ongoing
	ABEPF Training	05/90	0	63688	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Brazil	BEMFAM Training	04/90	0	77344	Ongoing
	Resident Coordinator	08/90	0	40000	Ongoing
Chile	International AIDS Conference Participation	06/88	6323	0	Complete
	Nursing Intervention to Prevent AIDS	11/90	100000	0	Planned
Colombia	International AIDS Conference Participation	06/88	14622	0	Complete
Costa Rica	International AIDS Conference Participation	06/88	11272	0	Complete
	Education Program for Adolescents	04/90	52663	0	Ongoing
Dominican Republic	Needs Assessment/ Project Development	01/88	17394	2400	Ongoing
	Global Impact of AIDS Conference Participation	01/88	0	6144	Complete
	International AIDS Conference Participation	06/88	10104	0	Complete
	National Plan Review	09/88	1096	0	Complete
	Program Support	06/88	104120	20000	Ongoing
	Puerto Plata: Intervention with High-Risk Groups	03/89	0	86696	Ongoing
	Santo Domingo: Intervention with High-Risk Groups	02/89	0	164745	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Dominican Republic	Expanded Intervention	05/91	0	171500	Planned
	Sentinel Surveillance Technical Assistance	10/88	0	116037	Ongoing
	Blood Screening Resource Needs Assessment	02/90	5340	67000	Ongoing
	Health Care Finance Modeling	11/89	86916	0	Ongoing
	Private Sector Initiative	06/90	0	45000	Planned
	Training Health Care Providers	05/90	0	41683	Planned
	Blood Pooling Laboratory	02/90	20000	65000	Ongoing
	Technical Assistance	01/90	0	119750	Ongoing
	Provision of Other Equipment and Supplies	01/90	0	30000	Planned
	Rental of Condom Storage	11/88	0	98418	Ongoing
	Resident Coordinator	02/90	0	65000	Ongoing
Eastern Caribbean	Needs Assessment/ Project Development	01/88	25590	0	Complete
	International AIDS Conference Participation	06/88	16058	0	Complete
	Program Support	01/89	65000	0	Ongoing
	Technical Assistance	01/89	22500	50761	Ongoing
	Condom Promotion	10/90	0	40000	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Eastern Caribbean	Cost Recovery for Blood Screening Program: Trinidad	05/90	0	70925	Ongoing
	General Population KABP Surveys	08/89	0	60000	Ongoing
	HIV/STD Surveillance Workshops	11/89	0	11039	Complete
	STD Services Upgrading	10/89	0	20000	Ongoing
	Intervention with High-Risk Groups: Trinidad	09/90	51433	62930	Ongoing
	Evaluation of Screening Pooled Blood: Trinidad	02/90	15000	60000	Ongoing
	Cost-Effective Treatment: Barbados	11/90	0	57476	Planned
	Interventions with High-Risk Groups: St.Lucia	10/89	0	75600	Ongoing
	Intervention with High Risk Groups: Antigua	10/89	25757	51193	Ongoing
	Intervention with High Risk Groups: Barbados	01/90	0	85050	Planned
	Sexual Intervention: Dominica	01/91	0	45000	Planned
	Project HOPE: AIDS Education Program	12/88	78300	0	Ongoing
	STD/AIDS Small Grants Program	11/89	0	114750	Ongoing
Ecuador	Needs Assessment	01/88	7535	0	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Ecuador	International AIDS Conference Participation	06/88	6143	5897	Complete
	Program Support	09/88	5400	0	Ongoing
	Sentinel Surveillance Technical Assistance	04/88	15070	7139	Ongoing
	Mexico Observation Visits	02/90	15000	10000	Ongoing
	Intervention with High-Risk Groups	01/91	57759	9660	Planned
	Laboratory Technicians Assistance	01/89	21103	27109	Ongoing
	Training Health Care Providers	03/89	26522	10000	Complete
	Evaluation of Screening Pooled Blood	10/89	60000	20000	Ongoing
El Salvador	Needs Assessment	04/88	4110	0	Complete
	Program Development	09/88	3000	0	Ongoing
	International AIDS Conference Participation	06/88	8860	0	Complete
	Laboratory Technical Assistance and Training	07/88	10960	50000	Ongoing
	Sentinel Surveillance Technical Assistance	07/88	9212	0	Complete
	Intervention Technical Assistance	07/88	3500	0	Complete
	Epidemiology/ Interventions with STD Clinic Patients	10/89	14450	48000	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
El Salvador	Establishment of STD Clinic	06/90	70712	0	Ongoing
Guatemala	Needs Assessment	04/88	4110	0	Complete
	International AIDS Conference Participation	06/88	9253	0	Complete
	Laboratory Technical Assistance	04/88	6850	0	Complete
	Sentinel Surveillance Technical Assistance	07/88	6850	0	Complete
	Intervention Technical Assistance	08/88	3000	0	Complete
	STD Technical Assistance	05/90	12800	0	Ongoing
Haiti	International AIDS Conference Participation	06/88	14457	0	Complete
	Needs Assessment	11/88	14200	0	Ongoing
	Technical Assistance	10/89	0	205000	Ongoing
	Resident Coordinator	10/89	0	155750	Ongoing
	IMPACT: Intervention with High-Risk Groups	05/89	83295	164044	Ongoing
	CDS: Intervention with High-Risk Groups	06/89	61188	0	Ongoing
	AIDS Modeling	10/89	56200	40000	Ongoing
	STD Clinic AIDS Education	01/90	49230	0	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Haiti	Sentinel Surveillance and Counseling	08/90	0	191000	Planned
	AIDS in the Workplace	08/90	0	85788	Ongoing
	Condom Storage/ Distribution	04/90	0	10000	Ongoing
	Culture, Health and Sexuality	11/90	100000	0	Planned
Honduras	Needs Assessment	01/89	7682	0	Complete
	International AIDS Conference Participation	06/89	2995	0	Complete
Jamaica	Needs Assessment/ Project Development	01/88	3387	15890	Complete
	International AIDS Conference Participation	06/88	7984	0	Complete
	STD Equipment	11/88	21375	0	Complete
	AIDS Related Sexual Decision Making	11/90	100000	0	Planned
Mexico	Needs Assessment/ Project Development	01/88	10535	0	Complete
	International AIDS Conference Participation	06/88	26139	0	Complete
	Intervention with High Risk Groups	11/88	204000	0	Ongoing
	Development of Disease Surveillance Survey	06/88	61990	0	Complete
	Direct and Indirect Treatment and Prevention Costs	07/88	112349	0	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Mexico	Pharmacies and AIDS Prevention	05/90	68200	0	Planned
	Radio Soap Opera	08/90	68062	0	Planned
	Influencing Risk Behaviors of Bisexual Males	11/90	100000	0	Planned
Peru	Needs Assessment/ Project Development	04/88	15070	0	Complete
	Laboratory Technical Assistance	04/88	1036	0	Complete
	International AIDS Conference Participation	06/88	12369	0	Complete
	Intervention with High-Risk Group	10/89	0	18005	Complete
	Blood/Finance Technical Assistance	01/89	21496	31995	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Asia/ NearEast					
Bangladesh	International AIDS Conference Participation	06/88	10806	0	Complete
Egypt	International AIDS Conference Participation	06/88	7756	0	Complete
India	International AIDS Conference Participation	06/88	9340	0	Complete
	Needs Assessment	01/89	6126	0	Complete
Indonesia	Needs Assessment	02/88	13700	0	Complete
	International AIDS Conference Participation	06/88	12672	0	Complete
	AIDS Risk Behavior Among CSWs and Clients	11/90	100000	0	Planned
Jordan	International AIDS Conference Participation	06/88	9565	0	Complete
Morocco	International AIDS Conference Participation	06/88	13648	0	Complete
	Needs Assessment	07/88	7700	0	Complete
	Technical Assistance in Surveillance	07/88	6000	0	Complete
	KAP Study and Education of Women	01/90	56180	0	Ongoing
Oman	International AIDS Conference Participation	06/89	4055	0	Complete
Pakistan	Needs Assessment	01/89	8819	0	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Philippines	Needs Assessment/ Project Development	02/88	41100	0	Complete
	International AIDS Conference Participation	06/88	10487	7899	Complete
	Program Support	07/88	0	157640	Ongoing
	Intervention with High-Risk Groups in Manila	01/89	0	249403	Complete
	Intervention in Olongapo/ Angeles City	11/89	132325	108352	Ongoing
	STD Clinics Upgrade	05/89	17003	187708	Complete
	Condom Distribution Technical Assistance	09/89	11214	22351	Complete
	Pooled Blood Screening	08/89	6337	81785	Complete
	Blood Screening: Needs Assessment & Surveillance	01/90	4828	153258	Ongoing
	Protection of Blood Supply	07/89	0	78037	Complete
South Pacific	International AIDS Conference Participation	06/88	17067	0	Complete
	Needs Assessment	10/88	17581	0	Complete
	Finance Technical Assistance	04/90	15499	0	Complete
Sri Lanka	National Plan Review	02/88	1096	0	Complete
	International AIDS Conference Participation	06/88	10218	0	Complete
	FPA: AIDS Education Program	05/89	29025	0	Ongoing

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
Thailand	Needs Assessment Program Development	02/88	36971	0	Complete
	International AIDS Conference Participation	06/88	15614	2504	Complete
	Resident Coordinator	04/90	70000	0	Ongoing
	Intervention with High Risk Groups	06/88	17810	0	Complete
	BMA: Intervention with Drug Abusers	01/89	130190	0	Complete
	Duang Prateep Foundation: Intervention with Drug Abusers	08/89	72454	0	Ongoing
	PDA: Taxi-Based Intervention	08/89	70200	0	Ongoing
	AIDS Education In Institutions	11/90	52500	0	Planned
	Condom Logistics Workshop	08/90	22500	0	Ongoing
	Operation Research Small Grants Program	08/90	89500	0	Ongoing
	AIDS Flip Chart	10/90	41500	0	Planned
	Behavioral Research for AIDS Prevention	11/90	100000	0	Planned
Tunisia	International AIDS Conference Participation	06/88	7526	0	Complete
	Needs Assessment	07/88	2329	0	Complete
Yemen	International AIDS Conference Participation	06/89	5582	0	Complete

COMPLETED, ACTIVE AND PLANNED ACTIVITIES BY TYPE OF PROJECT AND COUNTRY

REGION/ COUNTRY	PROJECT	INITIATION DATE	CORE FUNDING	ADD-ON FUNDING	STATUS
NorthAmerica					
USA	Population Council: Modeling	05/88	109580	100000	Complete
USA	Futures Group: Modeling	10/88	00212	0	Ongoing
USA	STD Annotated Bibliography	07/88	19790	0	Complete

Appendix 3

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Topic: Rapid and/or Simple Assays for HIV Screening

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Topic: Rapid and/or Simple Assays for HIV Screening (cont.)

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April 18, 1990

Topic: Risk Reduction of HIV Transmission by Blood Transfussion (cont.)

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Appendix 4

SUMMARY OF TRAINING WORKSHOPS FOR HEALTH CARE PROFESSIONALS

April 1 - September 30, 1990

CITY & COUNTRY	DATE	TOPICS	TRAINERS	PARTICIPANTS
La Paz, Bolivia	Aug. 20-24	HIV Diagnostics for Screening, Rapid Tests, and Confirmatory Testing	Archbold, Pérez, and Peralta	32 Laboratory Managers & Technicians
Santa Cruz, Bolivia	Aug. 27-30	HIV Screening, Rapid Tests, Supplementary and Confirmatory Testing Procedures	Archbold and Pérez	24 Laboratory Managers & Technicians
San Salvador, El Salvador	Sept. 24-28	Enzyme Immunoassays, Rapid & Simple Tests, and Supplementary Tests for Detecting HIV Antibodies	Archbold, Boshell, and Sánchez	29 Laboratory Managers & Technicians

Appendix 5

APPENDIX 5

AID/DPE-5972-A-00-7057-00

Expenditures By Type

1 October 1989 - 31 March 1990

Salaries and Fringe Benefits	$ 729,239
Service Centers	2,007
Consultant and Professional Fees	83,039
Contracted Labor	148,207
Travel - Domestic	75,630
Travel - Foreign	411,166
Supplies - Office	44,256
Supplies - Medical	176,692
Office Rent, Telephone, Postage	26,712
Printing, Publications, Subscriptions	38,032
Office Equipment, Medical Equipment, Equipment Rental, Maintenance, Depreciation	68,705
Freight	23,952
Subagreements	1,066,809
Dues and Registration Fees	15,864
Other Purchased Services	91,583
Other Expenses, Keypunching, and Bank Service Charges	33,638
General and Administrative Costs	611,022
Total:	**$ 3,646,553**

APPENDIX 5
AIDSTECH EXPENDITURES BY ACTIVITY AND COUNTRY

1 April 1990 - 30 September 1990

ACTIVITY/COUNTRY	CORE EXPENSES	ADD-ON EXPENSES	TOTAL
CORE SUPPORT:			
Management/Support Services	313,646		313,646
AIDS Report	9,335		9,335
Washington Office	113,116		113,116
General/Regional Conferences	36,913		36,913
International AIDS Conference	84,452		84,452
International Training Program	59,371		59,371
Mini/STD/Conferences	34,406		34,406
Graphics	0		0
Other	9,987		9,987
	661,226		661,226
PROGRAM DEVELOPMENT:			
Sexual Transmission	33,017		33,017
Blood	67,181		67,181
Surveillance	35,427		35,427
HCF	41,043		41,043
Operations Research	23,963		23,963
Information Dissemination	84,853		84,853
Research Fellows	20,410		20,410
Behavior Research Grants Awards	20,947		20,947
	326,841		326,841
ASIA/NEAR EAST EXPENDITURES:			
Morocco	26,224	0	26,224
Philippines	76,373	266,035	342,408
South Pacific	15,499	0	15,499
Sri Lanka	12,718	0	12,718
Thailand	134,937	0	134,937
	265,751	266,035	531,786

ACTIVITY/COUNTRY	CORE EXPENSES	ADD-ON EXPENSES	TOTAL
AFRICA EXPENDITURES:			
Regional	42,598	75,397	117,995
Burkina Faso	59,650	5,939	65,589
Burundi	14,357	19,880	34,237
Cameroon	73,709	219,570	293,279
Ghana	73,798	11,377	85,175
Kenya	96,669	32,641	129,310
Malawi	7,027	3,849	10,876
Mali	7,168	35,031	42,199
Mauritania	1,814	0	1,814
Niger	5,376	0	5,376
Nigeria	43,559	0	43,559
Senegal	0	2,256	2,256
Tanzania	38,051	30,366	68,417
Uganda	73,643	0	73,643
Zaire	18,497	15,320	33,817
Zimbabwe	5,975	78,894	84,869
	561,891	530,520	1,092,411
LATIN AMERICA/CARIBBEAN EXPENDITURES:			
Regional	0	3,338	3,338
Bolivia	4,268	42,853	47,121
Brazil	38,929	72,911	111,840
Costa Rica	16,446	0	16,446
Dominican Republic	17,831	201,240	219,071
Eastern Caribbean	28,265	138,877	167,142
Ecuador	37,830	7,985	45,815
El Salvador	13,535	53,231	66,766
Guatemala	12,800	0	12,800
Haiti	40,203	211,877	252,080
Honduras	184	0	184
Mexico	40,954	0	40,954
Peru	2,920	0	2,920
	254,165	732,312	986,477
International Model Projects	47,812	0	47,812
TOTAL	**$2,120,496**	**$1,528,867**	**$3,646,553**