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WORKSHOP ON THE INTEGRATION

OF AIDS-RELATED CURRICULA

INTO FAMILY PLANNING TRAINING PROGRAMS

May 10-11, 1988

Quality Hotel, Arlington, Virginia

cc: AFR/FR/HPN
HNC/FR/HPN
LNC/DC/P
all attendees

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EXECUTIVE SUMMARY

A two-day workshop on the Integration of AIDS-related curricula into family planning training programs was held on May 10 and 11, 1988 in Arlington, VA for 19 Cooperating Agencies (CAs) implementing U.S.A.I.D. population and family planning policies. The workshop was organized by the Family Planning Management Training Project of Management Sciences for Health (Boston) and the U.S.A.I.D. Office of Population. Technical assistance was provided by AIDSTECH of Family Health International, and AIDSCOM of the Academy for Educational Development.

A review of the current level of activity of CAs in integrating AIDS related content into their training programs for family planning providers demonstrated that most of the participating organizations had either begun to develop training materials or were planning to do so. Several of the organizations had produced training materials, and nearly all had included some information on AIDS in their recent workshops and courses.

Workshop participants explored the impact of the AIDS epidemic on family planning programs, and in particular how this will affect training programs for family planning providers. Participants identified and analyzed, from a training perspective, how the AIDS epidemic could potentially alter the tasks of family planning professionals such as nurses and nurse midwives, physicians, community health workers, IEC specialists, managers and pharmacists. Outlines of training programs were prepared for each of these staff categories.

An important issue that surfaced early in the discussions was the desire of the CAs to receive more explicit guidance and directives from U.S.A.I.D. with respect to the AIDS epidemic. The current approach by the Office of Population vis-a-vis AIDS interventions by family planning CAs, is one of encouragement within the limits of existing policy and funding levels. However, a number of CAs suggested that extra funding may be needed to address AIDS in a more effective manner - should that become their new, expanded, mandate - and recommended that some of the available AIDS funds be channeled through family planning CAs.

The second major issue dealt with the particular role of family planning providers in combatting the AIDS epidemic. The participants identified several factors which influence this role aside from the willingness and ability of family planning providers to join in. These factors include: 1) the use of contraceptives in family planning programs versus the contraceptive priorities for AIDS control; 2) the potential conflicts between the different goals and orientations of programs dealing with clients for family planning services and programs dealing with clients who may be at risk for AIDS; 3) the emotional and psychological costs of AIDS-related activities for family planning and CA professionals; and, 4) the technical retooling requirements to prepare family planning providers as well as CAs for this kind of endeavor.

Secondary themes concerned the role of internal policies and resources as constraints and promoters of the involvement of CAs, and the legitimate and appropriate roles for family planning providers in containing the AIDS epidemic.

The two-day workshop discussions led to a number of conclusions about the current sentiment among participating CAs regarding involvement in the AIDS epidemic:

- o There is no consensus as to the degree and level of involvement of CAs in AIDS-related activities; the decision to get involved or not, and to what extent, rests solely with each individual organization.
- o The CAs are interested in sharing and exchanging experiences and materials, and in continuing the discussion of relevant and appropriate strategies and technical and programmatic issues.
- o The CAs themselves should now take the initiative to coordinate training activities and follow-up on this workshop.

The workshop participants parted with the following recommendations for future steps:

- 1) The establishment of a resource center/ clearinghouse for AIDS-FP materials and curricula.
- 2) The organization of a follow-up meeting to the current one to discuss the issues and technical questions related to integrating AIDS control and prevention measures into family planning programs which they support.

Furthermore, all CAs were encouraged to make a concerted effort in staff development to prepare themselves for future involvement in AIDS-related activities.

SECTION ONE

Program, Issues and Recommendations

I. INTRODUCTION AND BACKGROUND

This report summarizes the program, results and recommendations of a two day workshop on the Integration of AIDS-Related Curricula into Family Planning Training Programs, held on 10-11 May 1988, for representatives of cooperating agencies implementing population and family planning policies of the U.S.A.I.D. Office of Population. The workshop was sponsored by the Office of Population and organized by the Family Planning Management Training Project of Management Sciences for Health, which has a programmatic mandate to promote collaborative activities with other Cooperating Agencies.

In order to deal with the specific social, technical and programmatic issues involved in AIDS prevention and containment, FPMT sought technical assistance from AIDSTECH and AIDSCOM, two newly established projects which are implementing U.S.A.I.D.'s input into the international strategy to contain the AIDS epidemic. These projects are responsible for identifying and controlling behavioral and pathological risk factors and for developing health promotion programs for AIDS prevention.

The workshop was the initiative of the FPMT Project. Initially proposed in late 1987, the workshop was conceived as a forum for reviewing the current status of CA experience in responding to the AIDS epidemic. A survey conducted by FPMT of current involvement and programmatic concerns of CAs indicated the AIDS issue was increasingly dominating the thinking of program and training personnel and that several CAs had already begun to produce training materials. The FPMT Project chose the training focus for the workshop because that is its particular technical purview and because training is the principal form of technical assistance provided by CAs to their counterpart organizations in developing countries.

Originally the workshop was envisioned as a one-day information exchange session on the current status of AIDS interventions in family planning training programs. After meetings with AIDSTECH staff in March 1988 the workshop concept was further developed to include a simulation of the curriculum development process in formulating training programs for key family planning providers. The workshop objectives and program were prepared collaboratively by AIDSTECH and FPMT and reviewed by the Office of Population. AIDSTECH and AIDSCOM agreed to facilitate various workshop sessions.

II. WORKSHOP OBJECTIVES

Three general objectives guided the discussions and activities of the workshop:

1. To share information and experience on the current status of integrating AIDS-related curricula into training programs for medical, paramedical and nonmedical family planning workers.
2. To identify major epidemiological, social and political aspects of the AIDS epidemic in Africa, Latin America and Asia which affect the job functions of family planning workers and the training they will require as a consequence.

3. To review the AIDS-related curriculum development process for training medical, paramedical and nonmedical family planning personnel from a competency-based training perspective.

III. PARTICIPANTS

There were 38 full time participants representing 19 Cooperating Agencies, U.S.A.I.D. and other programs with population-family planning programs. A list of the participants and their organizations is in Annex 1. Additional personnel from the U.S.A.I.D. Office of Population and other U.S.A.I.D. offices attended.

IV. WORKSHOP PROGRAM

The workshop was opened by Dr. Duff Gillespie, Director of the Office of Population, Dr. James Shelton, Chief of Research, Office of Population, Dr. Jeff Harris, AIDS Coordinator, Office of Health, and Dr. David Sencer, Chief Operating Officer of Management Sciences for Health.

The two-day program was divided into nine sessions. The opening sessions provided an opportunity to review the major issues and current research findings concerning the potential effect of the AIDS epidemic. Participants discussed how containment and prevention measures impact upon current family planning program strategies such as method preferences, counseling and other IEC activities.

As part of the "exchange of information" function of this workshop, all representatives listed activities, already implemented or planned, by their CAs with respect to AIDS. Table 1 summarizes these activities. The first three columns represent to what extent the various organizations have responded internally to the AIDS epidemic. A large number of the CAs currently employ an AIDS specialist and several CAs have begun to undertake or commission research activities. Task forces have begun to emerge in a few. The next columns refer to various training, educational and informational activities. The rows indicate the specific focus of the activity. Most activities of CAs so far have taken place at the clinical level and consist of special AIDS training modules, information packages and add-on sessions to existing workshops. General education comes second. These activities often take place within the context of management training workshops, conferences, or technical assistance, using the gathering of influential people as a window of opportunity.

The core of the workshop focused on the curriculum development process. In two lengthy sessions, the curriculum development process was compressed into two stages. The first involved an analysis of the impact of AIDS on current functions of family planning providers. The second stage looked at the development and management of appropriate training approaches for AIDS related curricula. The results of the group discussions (sample curricula) can be found in Section Two of this report.

The closing session explored the various options for follow-up to this workshop and the next steps for CAs to take in developing the AIDS-related interventions in the context of the family planning programs which they sponsor. The workshop program is in Annex 2.

TABLE 1

INVENTORY OF CA ACTIVITY IN INTEGRATING AIDS PREVENTION AND CONTROL MEASURES IN FAMILY PLANNING TRAINING PROGRAMS
 Training Approaches and Development Activities

	Resources														
	Task Force	AIDS Specialist	Research	Course Modules	Add-on Sessions	Info Package	AV Presentations	Guest Lecturer	Special Seminar	T.O.T. AIDS	Integrate Curric.	Procedure Manual	Staff Develop.	Resource Center	Condom Distribution
Management	4	8	5	6	4	2	2	1	2	3	2		1	2	3
General Education	2	3	7	10	7	6	5	4		1		1		4	
I.E. C.	2	5	4	8	5	6	4		3	4	1	1		3	
Clinical	1	8	1	10	5	5	2	1	2	5	4	3		3	

The workshop concluded with the showing of a videotape made in Ghana on the plight of a young woman with AIDS. The videotape echoed AIDSCOM attitudes toward AIDS prevention: 1) there are no disposable people, 2) one has to distinguish between high risk behavior and high risk groups, 3) in dealing with AIDS it is better that 10 people be offended than one person be dead; 4) all preventive options have to be explored.

V. METHODOLOGY AND MATERIALS

The workshop used a participative/experiential/group work methodology. The participants were divided into five groups. Each group considered the particular training issues for a particular providers, including physicians, nurses and nurse midwives, pharmacists, community health workers, IEC specialists, and administrator/managers. The sessions were composed of one or more exercises for which instructions and data collection instruments were prepared to direct the discussions and to facilitate the recording of results. Groups presented the results of their discussions after each session, emphasizing the highlights.

The participants were given a set of documents on AIDS and family planning, general information on AIDS, risk factors, AIDS and contraceptives, AIDS prevention and control measures, and on the transmission of HIV. The guest speakers at the opening session, facilitators, and participants, however, were the main source of information needed to carry out the exercises. See Annex 3 for a listing of the documents.

VI. WORKSHOP RESULTS

Workshop results are divided into three parts: 1) a summary of the opening remarks by U.S.A.I.D. and MSH officials; 2) a summary of the major themes and issues discussed in the various groups and 3) a presentation of the results of the efforts to assess the curriculum implications for integrating AIDS content into family planning training programs. The third part is in Section Two of this report.

1. Summary of Opening Remarks

a. The Office of Population faces the practical dilemma of a growing AIDS problem and diminishing resources for CAs to broaden their activity base and include AIDS-related interventions. Furthermore, there are at present no explicit policy guidelines vis-a-vis the relationship of AIDS and family planning-population programs. U.S.A.I.D.'s strategy is oriented to dealing with high risk populations, in a general context where the AIDS problem is still considered extremely sensitive.

The CAs were urged to keep up-to-date on all bio-technical developments concerning AIDS, make efforts to at least try to dispel misinformation among the family planning providers they train, and avoid duplication in any AIDS-related interventions which they may undertake.

The AIDS coordinator for the Office of Health described the distribution of the HIV epidemic in Africa, Asia and Latin America, and the role of the AIDSTECH and AIDSCOM projects.

b. Dr. Sencer stressed several issues in dealing with the AIDS problem: the need for honesty in facing issues affecting sexual matters; the trade-off of risks and benefits of various interventions in light of degree of exposure to HIV; the need for good local data; the need to educate policy makers about AIDS; the need to distinguish between infection and infectiousness; the impact of long latency periods on credibility of interventions; the problem of confidentiality in cultures where privacy is not highly valued; the budgetary, knowledge and behavioral constraints on intervention strategies; and the need to conduct all interventions with compassion to minimize exacerbating the tragedy of AIDS for individuals and communities.

2. Summary of Group Discussions

a. U.S.A.I.D.'s policy vis a vis the involvement of the CAs in AIDS related activities

The CAs were encouraged to address the AIDS problem as it affects their programs in a manner consistent with current U.S.A.I.D. guidelines and existing resources. (See Annex 4.) It does not seem likely that additional resources will become available in the immediate future to enable family planning oriented CAs to become major actors in the fight against AIDS. The kind of activities that the CAs are encouraged to undertake include workshops and other kinds of opportunities for CAs to exchange ideas about roles and strategies for further involvement in the fight against the AIDS epidemic.

b. The extent to which AIDS prevention should be integrated into family planning training programs at the field level.

According to one view, expressed by a number of participants, the level of effort necessary to deal with AIDS is so high, that FP organizations should aim at providing only general information on the AIDS epidemic. Skills related to the recognition of AIDS and referral of cases to a higher level should not be included in a training course for family planning providers. Other participants, expressing an opposing view, insisted that these skills should be taught in family planning training programs, even though resources are limited and mechanisms to cope with the AIDS epidemic are insufficient. Their argument is that AIDS is primarily a sexually transmitted disease, and therefore appropriate to include in a family planning curriculum.

c. Family planning as a vehicle for AIDS education.

While family planning personnel generally are more likely to be comfortable in discussing sexuality issues, it is debatable whether they are trained sufficiently to handle the extremely sensitive issues raised by AIDS. However, this competence deficiency could be addressed through specialized training, thereby turning family planning programs into appropriate locomotives on which to hook AIDS education programs.

d. **Condoms.**

Historically, advice on contraceptive methods has been biased in favor of oral contraceptives. Integral to this bias is the association of condom use with prostitution and extramarital sex. If condoms are going to be promoted as the cornerstone of an AIDS/FP program, family planning providers will have to be reoriented to promoting condoms. This raises several practical problems, as the most effective (non-natural) birth control methods are different from the most effective AIDS prevention methods: should couples be advised to use two different methods? This problem is particularly acute for couples who have chosen sterilization but who are at risk for AIDS.

e. **General curriculum content issues.**

Nurses and nurse-midwives will likely be in the forefront of the battle against AIDS. Their training will have to include both skill development and an exploration of their attitudes and values. Numerous topics and content areas in current family planning training curricula will be or are already affected by the AIDS epidemic and will need to be modified. These include the identification of risk factors, infection control, blood handling, and issues of counseling and confidentiality. Key training areas will include:

- o How to motivate couples to use condoms/spermicides if they already use other methods or are already sterilized.
- o How to train family planning personnel to provide quality counseling and to organize their work to include such counseling activities.
- o How to prepare providers to be non-judgmental with respect to high risk behavior and to assuage fears about dealing with AIDS patients and HIV positives.

Similarly, physicians' training will be affected by the AIDS epidemic. For one thing, they will face an old issue that has taken on particular significance with respect to HIV infection control: how to enforce compliance with rules and procedures regarding infection control and aseptic technique. New content areas that would need to be added to the physician's training curriculum are: knowledge of the facts and fallacies about AIDS and HIV infection, and risk assessment and epidemiology of the physician's catchment area.

f. **Considerations for family planning organizations undertaking AIDS intervention activities.**

Because of the importance of health providers in battling the AIDS epidemic, it is important that they be well informed about AIDS and HIV infection. Therefore, action needs to be taken to educate health policy makers and health facility managers. Medical doctors, because of their status and credibility, should serve as role models in the fight against AIDS, particularly in the compassionate treatment of AIDS patients. Although family planning providers appear to have a logical role to play, one has to balance this role with the magnitude of their current workload and evaluate the potentially negative effect additional work will have on efforts to maintain or improve the quality of current family planning services.

No single cooperating agency can deal with the implications of AIDS-related interventions alone. Requests for including AIDS information in a family planning training program should be examined carefully. What are the consequences of providing only limited information about AIDS? What resources are available locally for those who have received this information, with respect to services and referral centers? How are they to handle the variety of responses they may get from the general population and from affected individuals, and where can they get additional information? All Cooperating Agencies have the responsibility to ensure that their counterparts understand the implications of talking about AIDS and the need for follow-up activities, such as IEC and practical training which may be beyond the existing capacity of either the CA or its counterpart.

Before initiating AIDS-related training the CA and counterpart should first identify other local organizations or other CAs which can provide such additional support. The decisions on integrating AIDS-related curricula into family planning training programs should depend on the existence of available supplementary resources and the extent to which these resources can be tapped.

3. Outlines of Suggested Training Approaches for Key Family Planning Providers.

The exercise that resulted in the following outlines was conducted in two stages. In stage one, each group was asked to summarize the current training objectives for the particular provider and then to indicate how these training objectives would change in light of the AIDS epidemic. Two possibilities were considered: how the training objective might be modified and how the training objective would lead to the addition of a new objective. Stage two required the participants to identify the skills, knowledge and training approaches for the AIDS-related training objectives.

Section Two of this report exhibits the results of these exercises for nurses and nurse midwives, physicians, administrator-managers, community health workers and IEC specialists. The most detailed outline is that of the nurses and nurse-midwives. However, collectively the results suggest the general thrust of how family planning providers are likely to become involved in AIDS prevention and control and the kinds of training which would be necessary to facilitate the transformation of their jobs.

VII. RECOMMENDATIONS

Each group developed several recommendations on what actions should be taken to consolidate a coherent and logical approach for CAs vis-a-vis their involvement in AIDS prevention and control. The following list is an amalgamation of the proposed "next steps" from the various workgroups.

1. Structure for coordination and continuity

a. All workgroups agreed that a mechanism for coordination and continuity of AIDS-related activity of family planning CAs be established. This mechanism could take the form of a joint U.S.A.I.D.-CA Task Force on AIDS which would organize bi-annual meetings to coordinate development and implementation of AIDS-related activities. These could include development or review of training modules, written and audio-visual materials, specific training activities, etc. Task Force members should be CAs AIDS resource persons (training or IEC specialists). The Task Force should coordinate activities of the family planning CAs in AIDS prevention and control with projects such as AIDSCOM and AIDSTECH which focus principally on the development and support of technical and social AIDS interventions in the developing countries in which the CAs provide technical assistance. If a Task Force is to be established, AIDSTECH was designated as the most appropriate entity to coordinate such activities.

b. A clear consensus was reached on the need for a clearinghouse for the compilation and dissemination of training and other materials which CAs could tap into for use in preparing workshops and other training activities. The clearinghouse would also develop a database for such materials and ensure that it is regularly updated. The first assignment for such a clearinghouse should be to survey the CAs regarding the current state of production of materials and curricula and circulate a bibliography of these materials to all who participated in the workshop. As this kind of activity falls under the program mandate of AIDSTECH, the participants recommended that AIDSTECH undertake this activity as soon as possible.

2. U.S.A.I.D.'s role in promoting CA involvement in AIDS prevention activities

Many CAs expressed a desire to have their mandate with respect to the AIDS epidemic clarified, and requested U.S.A.I.D. to develop explicit policies and guidelines concerning this issue. If it is decided that family planning services are a logical conduit for AIDS interventions, sufficient resources should be made available to enable the CAs to act accordingly. It was suggested that the available AIDS funds should not be funneled entirely into projects such as AIDSTECH and AIDSCOM which do not conduct family planning activities.

3. Development of internal policies to direct CAs involvement in AIDS prevention and control

a. The CAs should individually assess their in-house capabilities and resources vis-a-vis their ability to enter actively into the AIDS prevention campaign. Because of the complexities of the issues and the sensitivities surrounding AIDS and its relation to family planning, CAs should conduct a policy analysis if they have not already done so to determine what constitutes an acceptable activity for their organization. No CA should be obliged, however, to get involved if involvement does not appear appropriate, feasible or consistent with the environment in which they work, the interests of the staff, the resources of the organization, etc.

- b. CAs should also consider undertaking staff development workshops on AIDS for general education and sensitizing purposes, developing personnel policies on AIDS (e.g. disability coverage, emergency care for travelling staff), and communicating to donor organizations their policies and approaches to AIDS interventions.
4. Approaches to involving family planning providers in AIDS prevention
 - a. All FP workers should understand and be able to communicate to clients that AIDS is a fatal STD also passed by blood and contaminated needles. They should be able to explain, in a non-judgmental way, how to use condoms and spermicides and how to avoid high risk behavior (sexual practices, intravenous drug use).
 - b. In this regard AIDSTECH should facilitate in-country workshops for development of prototype AIDS modules for various cadres of FP workers. Such workshops would bring together recognized host-country trainers and resource persons from relevant CAs.
 - c. Training in AIDS should be provided to all family planning providers, including policy makers, and should address political, social, and, as appropriate, bio-technical issues.

VIII. CONCLUSION

The original focus of the workshop on the integration of AIDS-related curricula into family planning training programs was on the curriculum development process. Nevertheless, the many discussions covered a wide range of bio-technical and policy issues that would influence the role of the family planning cooperating agencies and the direction family planning programs take in the fight against AIDS. Basic philosophical and emotional questions were raised regarding the ability and the acceptability of merging AIDS prevention goals with contraceptive goals. In many instances, the workshop was only able to address these issues only superficially.

In addition, the curriculum development requirements of the planned exercises often placed more emphasis on process than on substance. The degree to which many of the CAs had already advanced in integrating AIDS-related curricula into their training programs and the production of training and audio-visual materials, perhaps required a more critical than process-oriented approach to exploring the training issues raised by the relationship between AIDS prevention and family planning services.

All in all, the workshop produced some insights into the questions concerning AIDS and family planning, permitted CAs to share their experiences in training, provided an opportunity to get an overview of the overall implications of AIDS for the various categories of family planning providers, and, perhaps most importantly, provided a forum for CAs and the Office of Population to discuss policy and direction issues with regard to the role of family planning in AIDS prevention. Generally, the workshop resulted in the following observations:

- 1) Each agency preferred at present to determine for itself the degree and kind of intervention that was appropriate in the context of its organizational mission, internal resources, and program approach.
- 2) All the CAs agreed on the necessity to continue to discuss and explore their roles in this campaign, to develop mechanisms to permit them to do this regularly, and to share information and materials.

As the critical factor in AIDS prevention and protection presently appears to be behavioral change, the CAs would need to examine the capacity of the various family planning infrastructures in developing countries to effect this change in high risk groups and the population at large. They would also need to identify the inputs which will endow the family planning programs with this capacity. The family planning programs, as potential sources of intervention, in turn would need to determine the extent to which they can make people understand the threat posed by AIDS, teach people to protect themselves, convince people that changing their behaviors will benefit them, provide the resources to facilitate behavioral change, and give the population the support needed to sustain change over time.

SECTION TWO

Results of Curriculum Development Exercises

A SUMMARY OF MAJOR ISSUES IDENTIFIED FOR FAMILY PLANNING PROVIDERS
WITH RESPECT TO THE AIDS EPIDEMIC

1. How and when to get people to use condoms and spermicides if they already use other methods or are already sterilized.
2. How to identify high risk people.
3. How to train family planning personnel in AIDS counseling and how to monitor quality control in counseling.
4. How to prepare family planning personnel
 - a) to be nonjudgmental when dealing with high risk behavior
 - b) to not be overly afraid to deal with patients
5. Does NonOxynol-9 work to block AIDS transmission? What other risks does it carry (i.e. damage to vaginal flora over time)? What are "AIDS Specific" condoms? Where are they available? What do they cost?
6. What IEC messages and techniques will work?
7. What should be the role of CHWs in identifying high risk groups?
8. How much detailed knowledge of AIDS and HIV transmission should community health workers have?
9. How should referral mechanisms, especially for community health workers, be set up?
10. How to involve pharmacists in health team training.
11. How to enforce compliance with common infection control procedures and aseptic technique.
12. How to effectively spread the word on facts and fallacies of AIDS and HIV transmission among providers (as opposed to general population).
13. How to avoid compromising the quality of care by adding more responsibilities to already overloaded work schedules.
14. Should AIDS be added on to ongoing duties or treated separately?
15. How to make sure that physicians become leaders in the attack against AIDS.

CURRICULUM DEVELOPMENT EXERCISE

NURSES/MIDWIVES

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: NURSES/MIDWIVES

CURRENT TRAINING
OBJECTIVES

AIDS-MODIFIED OBJECTIVES

ADDITIONAL OBJECTIVES

Counseling FP methods	- Counseling how to use condoms - General counseling re: prevention	- Indepth counseling for high risk clients
Physical exam/medical history	- ID risk factors - sexual history - IV drug use/transfusion/injections/circumcision	- ID high risk - Local epidemiology
Evaluate for contra-indications	- ID of high risk HIV clients	
IUD insertion	- Use gloves - Sterilization of IUDs	
Provision/teach use of nonclinical methods	- Provide condoms/spermicides to users of other methods	- Distribution though male networks in community
Sterilization (VSC)	- Protection from sticks/screening blood	- Use of condoms post-VSC
Screen STDs	- Screen for early symptoms/test if possible	- Treatment of lesions - Contact tracing
Manage complications	- Condom failure - Risk of AIDS/teach condom use	
Medical records	- Reinforce confidentiality	- Separate HIV registers
Follow-up	- Follow-up w/spouses	- Families to avoid fear (mainly for FHC not FP)
General IEC	- General AIDS prevention for self	- Materials needed

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: NURSES/MIDWIVES

CURRENT TRAINING
OBJECTIVES

AIDS-MODIFIED OBJECTIVES

ADDITIONAL OBJECTIVES

Management of clinic

- Triage of high risk clients
- Patients for counseling

Supervision staff/
auxilliaris TBAS etc.

- In-service re: AIDS prevention

- Fight fear

Inventory Control

- Expiration Dates

- Estimate condom use

TOT

- AIDS Module/In-service training

Referrals

- Referrals, testing, counseling,
diagnosis

- Treatment

Primary Health Care
pre/post natal etc.

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACHES

TYPE OF PROVIDER: NURSES/MIDWIVES

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Be able to counsel individuals on AIDS	- Interpersonal communication - Values clarification	- AIDS - all aspects	- Role play/video? AV? lectures/guidelines
Don't get it.. Don't spread it...	- Couples counseling - Spouses counseling	- Sexuality/sexual practices - Knowledge of religious, cultural background related to AIDS/sexual behavior	- Sensitivity exercises
Be able to give instructions on correct condom use	- Able to demonstrate/describe	- Positive attitude - Know how effective condoms are - Know exp. dates	- Demonstrate - Explain - Discuss - Use IEC materials
Be able to identify risk factors in Med. HX	- Take sexual HX - Take HX of needle use - HX of transfusion - How to ask? In non-threatening way (non-judgmental)	- Know what to look for and why - Know local epidemiology... - Who is likely to be at risk	- Check List - Role Play - Visit AIDS ward/talk w/epidemiologist - Mapping exercise of infection
Be able to protect self, healthworkers other clients from infection	- Follow aseptic tech. w/ needles/equip, IUDs (blood for VSC), use gloves, avoid needle sticks and blood	- Know disinfection guidelines.. know alternative techniques - Know how to dispose of needles and syringes - Knowledge of true risk blood transmission for service provider	- Role play worst case and best case scenarios - Supervised practice - Provide clear guidelines and posters - Deal w/fear
Be able to provide condoms and spermicides even to users of other methods.. or people who are sterilized	- Inventory planning, forecasting - Decision making counsel for AIDS prevention - Needs sensitivity; how to identify high risk people	- Know supply networks - " estimated risk group - " how to calculate need - " effectiveness of condoms/spermicides	- Exercises on calculation - Role play - Demonstrate foam use provision of models for client practice

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACHES

TYPE OF PROVIDER: NURSES/MIDWIVES

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
VSC use of screened blood. Be able to avoid infection of patient/health worker in OR	<ul style="list-style-type: none"> - Able to perform less invasive VSC - Able to follow safe procedure - Able to avoid sharp instruments/needle sticks 	<ul style="list-style-type: none"> - Possible transmission - Know correct sterilization technique - Correct use/disposal/sterilization of instruments - Know how to assure blood is screened 	<ul style="list-style-type: none"> - Lecture/AV demonstration practice
Be able to identify early AIDS symptoms	<ul style="list-style-type: none"> - Able to conduct adequate HX and physical 	<ul style="list-style-type: none"> - Know early symptoms 	<ul style="list-style-type: none"> - Checklist (WHO)
Be able to identify and treat lesions/other STDs	<ul style="list-style-type: none"> - Able to diagnose and treat 	<ul style="list-style-type: none"> - Know diagnosis - Know treatment - Know potential co-factors 	<ul style="list-style-type: none"> - Lecture - Demo - Practice
Be able to maintain confidentiality re: HIV-infection diagnosis	<ul style="list-style-type: none"> - Be able to use reporting procedures and maintain confidentiality 	<ul style="list-style-type: none"> - Attitude: important - Know why and implications - Know ethical issues - Know established system 	<ul style="list-style-type: none"> - Case studies - Discussion - Procedures
Be able to provide general IEC on AIDS	<ul style="list-style-type: none"> - Able to integrate AIDS into other IEC efforts 	<ul style="list-style-type: none"> - Know AIDS - Know IEC techniques 	<ul style="list-style-type: none"> -
Able to refer when needed			
Inventory control of condoms/spermicide	<ul style="list-style-type: none"> - Be able to maintain inventory - Able to project need 	<ul style="list-style-type: none"> - Follow procedures for inventory - Follow procedures for record keeping 	

CURRICULUM DEVELOPMENT EXERCISE
ATTITUDES AND BEHAVIORAL CHANGE

TYPE OF PROVIDER: NURSE/MIDWIVES

ATTITUDES

BEHAVIORS

Nurse's role supervising others:

Nurse's role in client counseling:

1. Understand the threat

What and When:

- initial training, in-service update, support-counseling to staff, to avoid burnout, guidelines

What:

- individual counseling
- group education
- community ededucation
- Hx taking

How:

- read and review guidelines
- contact w/AIDS patients
- contact w/ AIDS caregivers
- contact w/family or health profs.
- background articles -- (on AIDS) as country-specific as possible
- lecture/discussion on epidemiology ("iceberg")
- pre-scheduled staff discussion groups on personal perceptions
- supervised practice of supervision (performance evaluation)

How:

- role play
- checklists
- lecture
- demonstration
- values clarification exercises
- supervised practice (performance evaluation)

2. Know how to protect self

What and How

- observe correct lab procedures-- how fluids handled; how to disinfect
- incorporate safe sex practices through lecture and demo and discussion w/staff on sexual activity--safe sex as model for client counseling
- discussions on alternatives to abstinence
- infection control (see above)
- background articles (see above)
- lecture/discussion on epidemiology ("iceberg")
- repeat indiv. counseling; group discussions by --
- role play
- demonstration
- case studies
- demo of condom use

CURRICULUM DEVELOPMENT EXERCISE
ATTITUDES AND BEHAVIORAL CHANGE

3. Believe in benefit

- Show/discuss worldwide evidence/studies
- Bring in nurses/doctors with AIDS experience in protecting oneself on the job
- Background articles on AIDS as country-specific as possible
- Lecture/discussion on epidemiology ("iceberg")
- Pre-scheduled staff discussion groups on personal perceptions
- Supervised practice of supervision (performance evaluation)
- Testimonials of satisfied acceptors
- Case studies of same
- Reinforcement in mass media/traditional networks via respected people (govt./sports stars etc./other service providers)

4. Are tools/services there

- Must have commitment from above: Director, Board, Funders
- Tools: gloves/disinfectant
- Service: staff commitment
- How: -get better at commodities procurement/distribution
- discuss alternatives ahead when supplies not there
- train people to look into alternative distribution
- deal with system;
- find alternatives to system when system not working
- Case studies
- Decision trees
- Brainstorming practice getting existing forms completed correctly
- Clinic policy on provision of condoms (i.e. how many per client)
- tell (advertise) clients about alt. sources of condoms
- advertise basic services - e.g. counseling
- let clients know about referrals/help set up referral
- training: meet people you will "refer" your patients to
- use IEC materials

CURRICULUM DEVELOPMENT EXERCISE
INFORMATION, EDUCATION, AND COMMUNICATION SPECIALISTS

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: INFORMATION, EDUCATION, and COMMUNICATION SPECIALISTS

CURRENT TRAINING
OBJECTIVES

AIDS-MODIFIED OBJECTIVES

ADDITIONAL OBJECTIVES

Identify Target POP for
FP Interventions

- Identify High Risk Aids Population

Define FP message
content

- Define AIDS Message

- Audience Research

Identify FP Comm. Channels

- Identify AIDS Messages
Communication Channels

- Audience Research

Identify FP Service Providers

- Identify AIDS "Service Providers"

FP Counseling Issues

- AIDS Counseling Issues

Info on FP, STD's

- Info on AIDS

FP Vocabulary/Terminology

- Desensitization of terms

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: INFORMATION, EDUCATION, and COMMUNICATION SPECIALIST

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Locate High Risk Populations	Interviewing/ find resource people	Geographical location; social organization; cultural attitudes	Learn by doing Role playing Resource people Focus Groups
Develop appropriate AIDS message	Audience research Pretesting, Revision Find appropriate organizations	Technical knowledge of AIDS; how to pretest cultural/religious climate. Communication science	Conferences, packets, study tours
Develop appropriate AIDS information channels	Audience analysis	Cost, availability, reach	Convene journalists
Identify potential AIDS service providers	Organize/political skills	Willingness to go into AIDS work; capabilities resources, training current public health system	Integrate services "Committees"
AIDS counseling	Counseling sensitivity	Prognosis; Facts-transmission, protection	Manual, protocols Training sessions
Information on AIDS	Networking; develop technical competence	Sources	Request T.A.
Desensitization	Political/social skills	Cultural awareness; sensitivity	Public information Community leaders Repetition High status people involved

CURRICULUM DEVELOPMENT EXERCISE
COMMUNITY (NON-MEDICAL) HEALTH WORKERS

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: COMMUNITY [NONMEDICAL] HEALTH WORKER

CURRENT TRAINING OBJECTIVES

To provide facts about
FP methods

To be effective distributors

To be motivators

Community Diagnosis

Learn about STDs

Referral

Outreach

AIDS-MODIFIED OBJECTIVES

ID of people at risk

AIDS is a new one

ADDITIONAL OBJECTIVES

General Info vs. specific
info.

New policy

New Policy

New Policy
General vs specific info.

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: COMMUNITY [NONMEDICAL] HEALTH WORKERS

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Express feelings about AIDS (personal and in group)			Group Approach
Inform about modes of transmission			Cases Role Plays
State Preventive Measures			Cases Role Plays
Identify high risk behaviors and groups			Cases Role Plays
Develop local strategies for reaching high risk groups			Cases Role Plays

CURRICULUM DEVELOPMENT EXERCISE

PHARMACISTS

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVE

TYPE OF PROVIDER: PHARMACIST

CURRENT TRAINING OBJECTIVES

Knowledge of Family Planning

History-thinking/screening

Promoting FP/IEC/Counseling

Referrals

Contraindications

Supplies and Logistics

Asepsis/injections

Complications/follow-up

AIDS-MODIFIED OBJECTIVE

What methods are protective
What methods are not protective

Identification of high risk groups

Motivate men

Knowledge of symptoms of AIDS

Condom inventory control

Stress the importance of asepsis

ADDITIONAL OBJECTIVES

STD facts

Identify high risk behaviors

CURRICULUM DEVELOPMENT LOGISTICS
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: PHARMACIST

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Update on FP Methods		Technical knowledge Transmission	Lecture/discussion Case study, problem
Treatment, referrals Protocols Update on STD & AIDS		AIDS symptoms Where to refer to Transmission/treatment	Solving, role playing
Identification of high risks groups	Screening Interaction w/clients	Knowledge of who is at risk	
Refinement of Counseling skills	Interaction w/clients	Principles of communication	
Inventory checking	Planning	Supply and demand	
Marketing	Creative display	Knowledge of marketing techniques	
Asepsis	Review of technique	What needs to be sterilized How infection is transmitted	

CURRICULUM DEVELOPMENT EXERCISE

MANAGER/ADMINISTRATOR

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: MANAGER/ADMINISTRATOR

<u>CURRENT TRAINING OBJECTIVES</u>	<u>AIDS-MODIFIED OBJECTIVES</u>	<u>ADDITIONAL OBJECTIVES</u>
Policy liaison/internal, external	Provide information on policy	
Planning/program	How to incorporate AIDS into program planning	What changes will take place as a result of AIDS intervention ?
Supervising	AIDS specific (IEC, clinical tests) tasks	In all areas and aspects of the FP program
Implementing	Assessing obstacles	
Evaluation/monitoring	Collection and interpreting of new AIDS data; qualitative eval. and quantitative	
Budgeting	What budget areas will change finding new funding sources	
Personnel management -staffing patterns -job descriptions -target needs	Examining staffing needs, target needs, tasks	
Logistics	Projections for contraceptive procurement, transportation and storage	
MIS	New items (source stats) to keep track of: mortality, morbidity etc. deaths averted	

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: MANAGER, ADMINISTRATOR

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Policy	<ul style="list-style-type: none"> - Effective Info Use - Effective Commun./Dissem. - Operationalizing Policy 	<ul style="list-style-type: none"> - Policy Content 	<ul style="list-style-type: none"> - Round Table - Study Tour
Planning/Programming	<ul style="list-style-type: none"> - Strategic Planning 	<ul style="list-style-type: none"> - Basic AIDS info. 	<ul style="list-style-type: none"> - Seminar: Sensitization - Case Studies
Implementing	<ul style="list-style-type: none"> - Supervising health workers, dealing w/ their fears; heighten sensitivity - Role Modeling 	<ul style="list-style-type: none"> - Hlth. Wkrs. Tasks - Dealing w/fear 	<ul style="list-style-type: none"> - Role Play - Round Table - Seminar - Retreats
Periodic evaluation on-going monitoring	<ul style="list-style-type: none"> - Quant/qual. evaluation Skills - Analysis of data 	<ul style="list-style-type: none"> - AIDS indicators - Effectiveness Indicators 	<ul style="list-style-type: none"> - Case studies - Simulations
MIS	<ul style="list-style-type: none"> - How to /what to collect - Interpretation of results - Use of results - Asking appropriate questions 	<ul style="list-style-type: none"> - What Questions to ask 	<ul style="list-style-type: none"> - Simulation - Field Experience - Role play
Personnel Management	<ul style="list-style-type: none"> - Effective team building 		

CURRICULUM DEVELOPMENT EXERCISE

DOCTORS

CURRICULUM DEVELOPMENT EXERCISE
TRAINING OBJECTIVES

TYPE OF PROVIDER: DOCTORS

CURRENT TRAINING OBJECTIVES

Use of blood

Care of supplies, equipment
waste

Patient-relations

Staff policies

Policies on advising clients

AIDS-MODIFIED OBJECTIVES

- Selective use of transfusion
- Appropriate technology for blood screening

- New procedures on waste disposal

- Levels of aseptic care that will kill HIV

- New WHO guidelines preferring reusable needles

- Counseling
- Staff-patient relations
- Confidentiality
- Compassion

- Protection
- Training of staff
- Personnel policies-infected staff

- AIDS and condom/spermicides

- Pills
- Prevent pregnancy and AIDS

ADDITIONAL OBJECTIVES

The facts of HIV transmission
Assessment of high risk groups

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: DOCTORS

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Knowledge of available resources		AIDS resources	
Exposure to other AIDS programs (sharing)			- Study tours - Newsletter
Selective use of transfusions		- AIDS facts and fallacies - Technical knowledge	- Cases, Seminar - Lectures
Blood banking (infection control)	Testing Screening	- Appropriate technology	- Lab work
Waste disposal (infection control)		- Procedures	- Demonstration
Aseptic technique			- Supervised practice - Booklet
Counseling	Communication Interpersonal Listening	- AIDS facts - Communication process	- Workshop/demo - Role Play, videos - Discussion
Confidentiality		- Knowledge of policy implications - Awareness of importance	- Case studies
Protection	Review proper clinical procedures examining patients	- Identify risk factors	- Booklet - Demo/observation - Supervised practice
Staff policies	Policy Development	- Implications of different policies - Identify policy elements	- Cases, seminar - workshop

CURRICULUM DEVELOPMENT EXERCISE
SKILLS, KNOWLEDGE, TRAINING APPROACH

TYPE OF PROVIDER: DOCTORS

TRAINING OBJECTIVES

<u>TRAINING OBJECTIVES</u>	<u>SKILL</u>	<u>KNOWLEDGE</u>	<u>APPROACH</u>
Policy on advising methods	Assessing risks Determining AIDS and fertility profile	- AIDS and pills - AIDS and condoms AIDS and contraception - Who are high risk groups	- Applications workshop - Draft policy - Workshop: group discussions lectures, cases, seminars
Epidemiology	Interpreting research data Designing surveys	- local data - Survey methodology	- Workshop/short seminar
Staff training	Training skills	- Training methodology	

ANNEXES



ANNEX 1

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A TWO-DAY WORKSHOP ON THE INTEGRATION OF
AIDS-RELATED TOPICS
INTO FAMILY PLANNING TRAINING PROGRAMS

Sponsored by the A. I. D. Office of Population and organized by the Family Planning Management Training Project/MSH, with technical assistance provided by AIDSTECH/FHI and AIDSCOM/AED.

DAY 1

Time	Topic or Activity	Facilitator(s)
9:00	Introductory Remarks	
	Dr. Duff Gillespie, Director, Office of Population	
	Dr. James Shelton, Chief of Research Division, Office of Population	
	Dr. Jeff Harris, AIDS Coordinator, Office of Health (AIDSTECH)	
	Dr. David Sencer, Chief Operating Officer, MSH	
9:30	1. Potential effects of the AIDS epidemic on current family planning programs	Dace Stone, AIDSCOM
10:00	Coffee break	
10:15	2. Areas of AIDS prevention and control already incorporated by contractors into FP programs	Saul Helfenbein, FPMT
	Group activity	
12:00	Lunch	
1:00	3. The impact of the AIDS epidemic on the functions of medical, para-medical, and non-medical FP workers	John Rich, AIDSTECH
	Group activity	
4:00	Presentation of group findings	
	Discussion	
4:30	Wrap-up	

ANNEX 3

LIST OF WORKSHOP DOCUMENTS

AIDS and Family Planning

Ann Gowan. AIDS in Africa: The role of U.S.-based family planning training organizations in containing the epidemic. Family Planning Management Training Project, Management Sciences for Health, Boston, 1988.

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Patricia Donovan. AIDS and family planning clinics: Confronting the crisis. Family Planning Perspectives, Volume 19, Number 3, May/June 1987.

General Information on AIDS

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Renée Sabatier. AIDS in the developing world. International Family Planning Perspectives. Volume 13, Number 3, September 1987.

Risk Factors

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AIDS and Contraceptives

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Outlook/September 1987. Monitoring Condom Quality.

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Jake Obetsibi-Lamprey. Theory into Practice: Programmes for specific groups. World Summit of Ministers of Health on Programmes for AIDS Prevention. London, January, 1988.

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AIDS: Transmission of HIV

Alan R. Lifson. Do alternate modes for transmission of human immunodeficiency virus exist? *JAMA*, March 4, 1988- Vol. 259, No.9.

Peter Piot, Joan K. Kreiss, Jackonia O. Ndinya-Achola, Elisabeth N. Ngugi, J. Neil Simonsen, D. William Cameron, Henri Taelman and Francis A. Plummer. Editorial Review. Heterosexual transmission of HIV. *AIDS* 1987, 1:199-206.

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON D.C. 20523

AIDS AND THE AGENCY FOR INTERNATIONAL DEVELOPMENT

WHAT THE AGENCY IS DOING

Developing countries, with their limited financial and institutional resources, face grim prospects as the human immunodeficiency virus (HIV) continues to spread among individuals across the globe. Viewing the pandemic of acquired immunodeficiency syndrome (AIDS) as an enormous potential threat to development, A.I.D. has developed a policy and programs to attempt to control the further spread of HIV, and to monitor the epidemic and its effect on development.

Policy and Coordination

In April 1987, the Administrator approved an Agency acquired immune deficiency syndrome (AIDS) policy. Earlier, an AIDS Working Group had been established under the chairmanship of the Deputy Assistant Administrator, Bureau for Science and Technology. Key components of the Agency AIDS policy are prevention and control of the further spread of HIV through bilateral assistance efforts, and support of and coordination with the World Health Organization's Global Programme on AIDS (WHO/GPA). Other key features of A.I.D. policy and coordination are as follows.

o In August 1986, the Administrator appointed an Agency AIDS Coordinator, assigned to the Office of Health, to oversee AIDS prevention and control efforts within the Agency. In May 1987, the Bureau for Africa appointed an AIDS Coordinator for activities in Africa.

c A.I.D. participates in two key U.S. government bodies concerned with AIDS prevention and control, the Federal Coordinating Committee on AIDS Information, Education and Risk Reduction (FCC/IERR), convened by the Public Health Service, and the Interagency Working Group on International AIDS Issues, convened by the Department of State. In order to carry out the Congressional mandate to coordinate U.S. Government international AIDS activities, A.I.D. has chaired an International Subcommittee of the FCC/IERR Committee since the Spring of 1988.

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1) AIDSCOM (AIDS Technical Support Project: Public Health Communications Component): AIDSCOM, a public health communications activity, was awarded to the Academy for Educational Development, which has offices in New York City and Washington, D.C. Major subcontractors are the Annenberg School of Communications at the University of Pennsylvania, Johns Hopkins University, and the firm of Doremus, Porter, Novelli. This activity, funded by a 5-year, \$15.4 million contract, will use lessons learned from social marketing and behavior analysis to help national AIDS committees develop effective models of public education, social mobilization, and counseling for AIDS prevention. Operations research will focus on questions such as: What risk behaviors are most susceptible to communication interventions? How can marketing approaches be used in both public and private sector programs? How can community mobilization be focused to support specific risk behavior reduction? How can short-term behavior change be sustained through counseling, support, and incentives?

2) AIDSTECH (AIDS Technical Support Project: Technical Assistance Component): AIDSTECH, a biomedical technical assistance activity, is being executed by Family Health International, located in North Carolina. Authorized for five years and \$28 million, the project is providing technical assistance in epidemiological surveillance, prevention of sexual transmission, blood screening, and consultation on financing of AIDS health care and prevention. Health worker training and dissemination of technical information also are being provided.

As of April 1988, the AIDSCOM and AIDSTECH projects have provided short-term technical assistance in 23 countries. Countries which have received needs assessment visits and/or completed technical assistance are: 1) in Africa -- Burkina Faso, Burundi, Ghana, Ivory Coast, Kenya, Malawi, Nigeria, Rwanda, Senegal, Tanzania, Uganda, and Zaire; 2) in Asia and the Near -- Indonesia, the Philippines, and Thailand; and 3) in Latin America and Caribbean -- Dominican Republic, the Eastern Caribbean, Ecuador, El Salvador, Guatemala, Haiti, Jamaica, and Mexico. In addition, these projects are now organizing long-term projects in many countries.

o Recognizing the rapid response capacity of private voluntary organizations (PVOs), the Agency is also seeking to stimulate and support PVO-led AIDS prevention and control activities. In December 1987, AIDSCOM and AIDSTECH conducted a PVO workshop on AIDS program implementation. As a follow-up to this workshop, AIDSTECH has allocated \$500,000 of FY 88 funds to a PVO subgrant program.

Research

AIDS-related research funded by A.I.D. is applied and intervention-oriented.

- o Epidemiological research will examine modes of HIV transmission, in particular the influence of other sexually transmitted diseases, the possible role of breastfeeding, and the influence, if any, of oral contraceptives.
- o Operations research is being conducted in areas including behavior change, condom/viricide promotion, and blood screening.
- o New technologies to be field-tested include: simple and rapid HIV antibody tests, non-reusable syringes, and improved condoms and viricides.

Other Activities

A.I.D. is also continually working with multilateral organizations and other U.S. Government agencies in sponsoring scientific conferences and research efforts.

- o In November 1986, A.I.D. co-sponsored, along with WHO, the Centers for Disease Control, and the National Institutes of Health, an international conference on African AIDS, held in Brazzaville, Congo.
- o In cooperation with WHO and UNICEF, A.I.D. is working to ensure the use of sterile needles and syringes so that immunization programs will not transmit HIV. (There is currently no evidence that this type of transmission has occurred.) In addition, the Office of Health is funding the development and testing of disposable, non-reusable syringes and needles.
- o A.I.D. sponsored the attendance of 105 scientists and public health officials from 41 developing countries at the III International Conference on AIDS, held in Washington, D.C. in June 1987. A.I.D. will also sponsor the travel of developing country participants to the IV International Conference on AIDS in Stockholm, Sweden in June 1988.
- o A.I.D., with WHO, was a major sponsor of the "Second International Symposium on AIDS and Associated Cancers in Africa" held in Naples, Italy in October 1987. A.I.D. plans to similarly sponsor the "Third International Symposium on AIDS and Associated Cancers in Africa" to be held in Arusha, Tanzania in September 1988.

A.I.D. POLICY GUIDANCE ON AIDS

I. CONTEXT FOR AGENCY POLICY GUIDANCE ON AIDS

Acquired immune deficiency syndrome (AIDS) is a relatively newly recognized and devastating disease. Our knowledge about the causative agent of the disease, the possibilities for its prevention and control, and the course of the epidemic are changing rapidly. For these reasons and because of sensitivities surrounding the disease, this policy guidance is designed to be flexible. It is based on the situation now and will be revised as changes in technology, knowledge, incidence and sensitivities occur.

Despite these uncertainties, an Agency policy on AIDS is important. The incidence of AIDS cases this year is the result of infection which was transmitted as long as five years ago. It is imperative to tackle the problem now because infections transmitted this year will result in actual AIDS cases five or more years from now.

If the course of the disease results in outbreaks of major proportion in some countries as is predicted by many experts, there will be many serious implications for ongoing A.I.D. programs and for development prospects in those countries. Activities begun now, as outlined in the following policy guidance, should be the groundwork for major efforts later as they become necessary.

A.I.D. support for AIDS activities will depend upon the particular activity and whether it could best be supported by A.I.D. or another domestic or international agency; availability of funding and staff; absorptive capacity in LDCs as well as in donor agencies; political considerations and sensitivities; and available technology and knowledge upon which to base program responses.

At this point development of major bilateral efforts is constrained by political sensitivities in LDCs about the disease; lack of knowledge, expertise and experience in this area; inadequate financial and human resources; and, finally limited absorptive capacity of LDCs. This policy guidance will be reviewed and revised as knowledge and understanding of the disease and its spread are accumulated.

2/11

II. BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is an epidemic of global concern. There are currently some five to ten million individuals infected worldwide. It is estimated that at least 10-30 percent of infected individuals will develop AIDS within five years, and an unknown percent will develop the disease eventually. Once frank AIDS develops it is fatal. Worldwide an estimated 50 to 100 million additional people will become infected over the next five years.

Human immunodeficiency virus (HIV), the cause of AIDS, is transmitted by sexual intercourse, through blood or blood products, and from mother to fetus. In the United States to date the epidemic has been confined largely to high risk groups including male homosexuals, intravenous drug users, and hemophiliacs. In Africa and certain Caribbean and South American countries AIDS and HIV infection occur among heterosexually active men and women and in their offspring. In Asia and the Near East, AIDS and HIV infection are still rare, but both the virus and the disease have recently been identified among high risk groups, indicating that the disease may also become epidemic in these areas.

A number of characteristics of the AIDS phenomenon make it a difficult problem with which to deal:

- 1) its causative agent and its transmission are not completely understood;
- 2) it is a devastating disease for which there is now no cure or vaccine;
- 3) its transmission is most frequently related to highly emotional and private behavior, e.g. sexual relations;
- 4) it has been associated in particular with the U.S. and with certain developing countries, and its origins and spread have been characterized variously for political reasons;
- 5) it could become a major epidemic of the type we have not seen in this century.

III. POLITICAL AND DEVELOPMENTAL IMPLICATIONS OF AIDS

A. Sensitivities

Transmission of AIDS is predominantly sexual, and to date its

incidence is often associated with either homosexual practices or heterosexual prostitution. Prevention of the transmission of HIV infection will depend in large part upon changes in sexual behavior, an aspect of life which is one of the most intimate, sensitive and difficult to change. Educational messages will need to be very culture specific and have political backing within the country. Even so, this behavior will be difficult to change sufficiently to have an effect on transmission of the disease.

Promotion of condom use for AIDS control which is appropriate and effective in the U.S. and other Western countries could be construed by some as an indirect means of imposing population control in countries where family planning can still be somewhat sensitive.

B. Implications for Other A.I.D. Programs

Regardless of how the Agency becomes involved in AIDS programs, the disease has implications for other ongoing A.I.D.-funded programs. For example, AIDS may affect immunization, breastfeeding, and family planning programs. In immunization programs there is the possibility of transmission through unsterile needles, as well as the theoretical potential for activation of AIDS symptoms in already infected individuals by vaccines and the possibility of disseminated infections following the receipt of live vaccines. The possibility of transmission through breastmilk could affect A.I.D.-supported milk bank programs. Increasing numbers of AIDS cases may result in restrictions on international travel and training opportunities.

The implications of AIDS for the Agency's family planning program are several. AIDS prevention activities may have a positive effect on family planning efforts; on the other hand, promotion of condoms for AIDS prevention could create an association between condoms and high risk sexual behavior (including homosexual practices and prostitution). In addition, in areas where AIDS is widespread, it may become necessary to revise recommendations on use of other forms of contraceptives which do not simultaneously protect against AIDS.

C. Long-term Impact on Development

The long-term impact of AIDS on development is likely to be significant. The cost of dealing with AIDS in many countries will take funds and personnel that are needed for other government programs in health, family planning, education, and other priority areas, and could severely jeopardize the gains

made in these sectors. The deaths of significant numbers of the population of productive age (e.g., from 20 to 40 years old) could constrain economic productivity. The disease is already present among the educated elite in a number of countries, and loss of this human resource could severely damage prospects for economic stability and progress. The economic and social impact of AIDS will in all likelihood be significant for individuals, families and countries.

IV. GLOBAL AIDS EFFORTS - THE WORLD HEALTH ORGANIZATION (WHO) GLOBAL AIDS PROGRAMME

WHO has taken the lead in developing and coordinating international AIDS programs. A Special Global Programme for AIDS has been established, reporting directly to the Director General. The proposed budget for this programme for 1987 is about dollars 44 million. A.I.D. played an important catalytic role in encouraging the formation of this programme, and in stimulating funding from other member countries. Financial contributions made by A.I.D. to WHO in FY 1986 were significant because they were the first contributions made to the Worldwide Programme (dollars 1 million) and to the WHO Africa Regional Programme (dollars 1 million). A.I.D. will continue to support and collaborate actively with the WHO programme.

V. POLICY GUIDELINES

A. A.I.D. SUPPORT MECHANISMS FOR AIDS ACTIVITIES

1. Bilateral Activities

A.I.D. resources for AIDS are limited because of other A.I.D. priorities, such as child survival. Staff resources to deal with AIDS are also limited. A.I.D. Health/Population/Nutrition and Education staff are already stretched in dealing with existing health, population, nutrition, child survival and human resource programs. AIDS is still a sensitive subject in many countries with political ramifications for bilateral programs. For these reasons A.I.D. will not mount major bilateral programs aimed specifically at AIDS at this time, although some bilateral activities are appropriate. The types of bilaterally-funded activities which are appropriate are spelled out in the following section outlining Specific Activities Addressing AIDS. Bilateral activities should complement WHO programs and centrally-funded activities. Many activities of interest to missions can be supported through existing or emerging centrally-funded mechanisms.

2. Central Activities

Central projects should complement WHO programs and bilateral health and family planning programs which may include some AIDS activities. Types of central support also will be discussed under the next section of the guidance.

Large centrally funded cooperating agencies (especially through the Office of Population) may be able to carry out some activities addressing AIDS through their existing contracts without incurring significant additional expenses. However, there will undoubtedly be requests for help from these groups from LDCs which will require additional funding. Cooperating agencies should respond to such requests (consistent with the following guidance) if this can be done without jeopardizing other priority activities or without risking a backlash due to LDC sensitivities.

3. Regional Activities

Regional activities should generally follow the guidelines for centrally funded activities.

B. Specific Activities Addressing AIDS

1. Research

Because AIDS is endemic within the U.S., basic biomedical and social science research activities are carried out by DHHS. The epidemic nature of the disease means that the health of U.S. citizens can benefit from international research, including collaborative epidemiologic, serologic, and virologic studies in different settings. As a result, CDC, NIH, and DOD, have undertaken studies in Africa and elsewhere. WHO's programme includes epidemiological research. While U.S. efforts overseas should be undertaken in a coordinated fashion, A.I.D. is not the appropriate agency to coordinate these efforts since they are beyond the scope of U.S. foreign assistance or are being undertaken by WHO.

Biomedical Research

Biomedical research, such as development of vaccines and drugs, is of interest to and can be undertaken by private sector firms and is being undertaken by other parts of the U.S. Government and therefore should not be undertaken by A.I.D.

Epidemiological and Behavioral Research

Both epidemiological research to determine the pattern of infection and disease, and behavioral or anthropological research to determine the implications of changing the behavior which is associated with the transmission of the disease are important.

Epidemiological research is being undertaken by WHO, USG agencies and national researchers. A.I.D. will not undertake research which can be funded by other USG agencies, other donors or WHO.

Where A.I.D. has expertise and experience the Agency could support behavioral or anthropological research into the particular practices and their contexts, in order to provide information on how these practices may be changed. This research may be supported bilaterally or centrally.

Operations Research

Operations research can help determine, for example, under what circumstances an AIDS health communication effort using mass media is feasible; whether family planning workers are effective sources of information about AIDS control; and, whether it is possible to change sexual practices through the media, health worker training and availability of spermicides or other viricidal agents. Operations research can improve our understanding of the circumstances in which existing family planning programs might be constructively linked with prevention of AIDS, or on the other hand might be adversely affected by being linked to an AIDS campaign. A.I.D. has considerable experience in operations research, particularly as part of our population and health programs, and should support these efforts where appropriate bilaterally or centrally. Operations research can also explore the role of public health communications in reducing risk due to other means of transmission.

Economic Research

Because of the serious implications of AIDS for development and especially for A.I.D. programs, A.I.D. will support research on the longer-term development and economic effects of the AIDS epidemic through central or bilateral mechanisms. This includes the potential impact on health budgets, economic productivity, child survival, and other issues.

2. Information Exchange

Many unknowns, uncertainties and sensitivities about AIDS and the speed with which it has spread make sharing and exchange of information between scientists, politicians, and development workers critical. There is a danger of inadvertent as well as deliberate misinformation about AIDS, and steps are being taken through WHO and other channels to correct such information. WHO has the primary role in coordinating and disseminating information and A.I.D. will support WHO in this area.

A.I.D./Washington will provide information to missions on a regular basis so that A.I.D. field staff is fully informed with the latest information on the disease and worldwide activities addressing it.

A.I.D. may join other donors or Agencies in supporting international meetings and we may support participation of LDC representatives, but we will not directly and solely sponsor international meetings or clearing houses on AIDS. A.I.D. may support efforts to compile and disseminate reliable technical information on AIDS.

3. Training

Information, education and training about how to deal with prevention and control of AIDS are very important. Training can include in-country training in the context of ongoing health and population programs; participant training, including study tours; and, funding for attendance at international meetings on AIDS. Mission or central funds may be used to support study tours or participation in meetings on AIDS. In-country service worker training or retraining should probably be mission funded. In some cases with very little additional resource input, A.I.D. could become more actively involved in health and family planning worker training on AIDS. A.I.D. centrally funded contractors have already begun and will continue to include AIDS information in training curricula for health and family planning workers.

Information and education about the transmission by skin piercing instruments should be built into training components of A.I.D.-funded immunization programs.

4. Public Health Education

Public health education methods, including social marketing techniques, aimed at preventing transmission of AIDS is critical since there is no cure for the disease at this time.

Given the poorly understood nature of AIDS and its potential for misunderstanding, we need to be sure we have the right message(s), and that the media are used sensitively with proper attention to cultural and other factors, particularly in regard to communications dealing with sexual transmission. The WHO Global AIDS Programme includes a component on education for prevention of transmission. A.I.D. will support and collaborate with this WHO activity. Several developing countries have already begun public education campaigns about the risk behaviors which are associated with transmission of the infection. A.I.D. support for education about prevention of sexual transmission will emphasize the importance of sexual abstinence or long term stable relationships. Assistance for education efforts and distribution of prophylactics against transmission will be based on the cultural and religious norms of the countries being assisted.

The U.S. has considerable experience in social marketing of contraceptives and with other health promotion modalities which could be useful in developing campaigns to prevent AIDS. Use of condoms will play a central role, but will not be the only behavioral change indicated. However, behavioral changes to prevent particularly sexual transmission of AIDS differ from those required for other health or family planning behaviors, and we do not yet know which messages about AIDS will be effective in particular situations and with different target groups. Moreover, information and education used in the U.S. about AIDS does not translate easily to developing countries. Before we become directly involved in free-standing AIDS information, education and communication (IE&C) efforts we need to answer some critical questions through social science and operations research and to ensure that host countries really want our help. Initially, A.I.D. support for IE&C efforts should be approached through operations research projects and through the WHO program. Direct bilateral support for free-standing communications programs for AIDS prevention may be appropriate in the future.

5. Prevention of Sexual Transmission

In addition to support for operations research on public health education aimed at preventing sexual transmission of AIDS, A.I.D. will procure and provide condoms for AIDS prevention programs on request. Condoms will be procured through the existing central procurement mechanism, which is a buy-in project. If there is substantial demand for additional condoms, funding will probably need to come from both bilateral and central sources. A.I.D. may also assist in procurement of condoms for WHO on a reimbursable basis.

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6. Prevention of Blood Transmission

Blood screening programs are an important means of preventing transmission of the virus through blood transfusions. The WHO Programme includes support for development of these programs, and WHO has already provided equipment and supplies for such programs to some countries. A.I.D. will support WHO efforts to prevent blood transmission of AIDS. A.I.D. will also fund the purchase of equipment and supplies for blood screening programs on request and where funds are available (and where WHO funding is not available), keeping in mind the recurrent cost implications of blood screening programs, including costs for reagents, and the need for host countries to plan for this continued expense.

The cost of reagents for blood screening may decrease as new, technologically appropriate diagnostic tests become available. If private firms are not interested in developing diagnostic tests for LDC markets, A.I.D. may need to support adaptation of diagnostic tests to make them technologically appropriate for LDCs and may need to facilitate their distribution.

7. Prevention of Perinatal Transmission

WHO will support efforts to reduce perinatal transmission of HIV. This may involve counseling of infected women not to have children and the option of abortion for infected pregnant women. A.I.D.'s priority on child survival makes perinatal transmission a real concern. The need to counsel women and men who wish to become parents about the risks of passing on the infection to their offspring may arise within the context of A.I.D. MCH and family planning programs. However, A.I.D. will not support any involvement in any activities that include abortion.

8. Vaccination Efforts

As previously stated, A.I.D. will not fund vaccine research and development efforts. Due to the sensitivities of setting up vaccine testing sites in LDCs and disputes over data between researchers, A.I.D. should let WHO take the lead in this area.

Should a vaccine become available, A.I.D. will consider supporting procurement of vaccines and immunization materials and the implementation of vaccination programs.

9. Care for AIDS Cases

Under the Agency Health Policy, A.I.D. does not generally

support curative health care. In the case of AIDS there are currently no known therapeutic agents for HIV infection.

A.I.D. will support WHO efforts to reduce the impact of HIV infection on individuals, groups and society.

C. Implications for Other A.I.D. Programs

In addition to support for some activities to address AIDS, A.I.D. must be concerned about and monitor the implications of the disease and its prevention and control for other A.I.D. programs. AIDS concerns affecting on-going A.I.D. programs include: immunization, breastfeeding, and family planning activities. A.I.D. missions should monitor these areas closely. A.I.D./Washington will develop further guidance if necessary.

1. Immunization Programs

Although there are no known cases in which the AIDS virus has been transmitted through immunization programs, use of unsterile needles and syringes has been documented to result in transmission. Even if immunization programs do not transmit the virus, it is possible that use of unsterile implements could transmit HIV. Even if this means of transmission is not in fact a viable means of spread, associations may be made between use of unsterile implements in A.I.D.-funded vaccination programs and incidence of disease. For these reasons, caution must be taken to ensure use of sterile equipment. A.I.D. is following the WHO guidance which recommends against use of disposable needles because they cannot be sterilized and are often reused. Use of reusable needles and care about their sterilization is the recommended procedure. All A.I.D.-funded immunization programs should make certain that adequate supplies of reusable needles and syringes are available, that adequate sterilizing equipment is in use, and that upgraded training is provided for health workers to ensure use of sterile implements.

A.I.D. will continue to follow WHO guidelines on immunization of all children and pregnant women in spite of the theoretical potential for activation of AIDS symptoms in already infected individuals by vaccines and the possibility of disseminated infections following the receipt of live vaccines. As long as the threat of immunizable diseases to the health of children in LDCs remains higher than the threat of AIDS, the WHO guidelines will be followed by A.I.D.

2. Breastfeeding Programs

There is no convincing evidence that AIDS has been spread through breastmilk, yet there is the possibility that the virus could be transmitted in this way. It is important that A.I.D. missicns be aware of this potential and of the possibility that association could be drawn between confirmed pediatric AIDS cases and participation in milk bank programs. If evidence for this mode of transmission is found, new guidance on promotion of breastfeeding and milk banks will be issued.

3. Family Planning

The family planning community has a number of advantages that can be brought to bear on AIDS prevention. It has a strong PVO infrastructure which is now in place and in large measure eager to undertake AIDS prevention activity. It also has experience reaching the reproductive age group with somewhat similar services. There is also significant commonality between means used to interrupt the transmission of AIDS - including promotion of monogamy, abstinence, condom and spermicide/viricide use - and methods used to space births.

On the negative side, there is legitimate concern that the association of AIDS with condoms could result in a stigma for condoms which family planning organizations have spent years and substantial resources to counteract. Similarly, there is a potential stigma for family planning organizations more generally, particularly if activities are targeted toward high risk groups such as prostitutes or drug users.

Lastly, there is the clear potential dilemma both for individuals and programs regarding condom use versus other effective contraceptive methods. Without clear confidence that a couple is monogamous and that neither partner is infected, there may be a compelling argument for condom use. While condom use and the use of other methods are not mutually exclusive, this may pose a significant operational problem. It is anticipated that most or all of these issues regarding potential effects on family planning will be addressed through operations research.

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April 7, 1988

A.I.D. CENTRALLY-FUNDED, COUNTRY-SPECIFIC AIDS ACTIVITIES, FY 88

COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
<u>AFRICA</u>							
BOTSWANA	2/88	7/88				3/88 CON 300	
BURKINA FASO				4/88 TEC BLD	7/88 TEC LAB 7/88 TEC KAP/FOC	10/87 CON 504	4/88 REA
BURUNDI		2/88			7/88 COM CSL 10/88 TEC SUR	6/87 CON 300	
CAMEROON	2/88				8/88 COM FOC 11/88 TEC FOC	2/88 CON 504	
C.A.R.						1/88 CON 402	
CHAD	2/88						
CONGO						1/88 CON 252	
GABON						2/88 CON 504	

(See last page for codes)

COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
GAMBIA						1/88 CON 108	
GHANA		4/88			10/88 TEC FOC		
GUINEA-BISSAU						3/88 CON 252	
ETHIOPIA			8/87				
I COAST		12/87			9/88 COM CSL		7/88 CON 3,500
KENYA		1/88	7/87 \$500	4/88 COM MED	5/88 COM OTH 6/88 TEC HCF 7/88 TEC BLD 8/88 TEC FOC 8/88 TEC STD 8/88 TEC FOC 8/88 COM RES		
LESOTHO		5/88				2/88 CON 498	
MALAWI				12/87 TEC BLD			
MALI	3/88				3/89 TEC FOC		7/88 CON 996
MAURITIUS							7/88 CON 500
MOZAMBIQUE	2/88						

(See last page for codes)

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COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
NIGER							7/88 CON 500
NIGERIA		10/87		2/88 COM HCW	6/88 COM OTH		7/88 CON 5,000
RWANDA		2/88	7/87 \$400		5/88 COM FOC 8/88 TEC HCW	4/88 CON 204	5/88 CON 804
SENEGAL	2/88	12/87	2/88 \$100	4/88 TEC BLD	7/88 TEC FOC	8/87 CON 120	7/88 REA
SIERRA LEONE					4/88 COM HCW	2/88 CON 660	
SWAZILAND		6/88					
TANZANIA		2/88	7/87 \$500		12/88 COM RES	11/87 CON 786 2/88 CON 750	6/88 CON 750 8/88 CON 750
TOGO						11/87 CON 360	
UGANDA		1/88	7/87 \$500 3/88 \$250		5/88 COM OTH 6/88 COM CSL	1/87 CON 600 2/87 CON 1,404 11/87 CON 960 12/87 CON 240	
ZAIRE	1/88	2/88	2/88 \$250		4/88 TEC FOC 9/88 COM CSL 12/88 COM KAP 2/89 TEC HCF 4/89 TEC BLD		7/88 CON 500

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COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
ZAMBIA	2/88		3/88			1/88 CON 750	7/88 CON 750
ZIMBABWE					7/88 TEC KAP		
<u>ASIA-NEAR EAST</u>							
INDONESIA		2/88			7/88 COM FOC		
NEPAL							7/88 CON 120
PHILIPPINES		2/88			4/88 COM MED 5/88 TEC FOC 7/88 COM RES 9/88 COM KAP 10/88 TEC SUR		
SRI LANKA	2/88					3/88 CON 42	7/88 CON 42
THAILAND		2/88			6/88 TEC FOC		11/88 CON 36
<u>LATIN AMERICA-CARIBBEAN</u>							
BRAZIL						2/88 CON 5,004	9/88 CON 5,00
BOLIVIA		8/88				8/87 CON 6	

(See last page for codes)

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COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
DOM REP		1/88			6/88 COM RES 6/88 TEC HCF 9/88 TEC SUR 9/88 TEC FOC		7/88 REA
E. CARIB		1/88	11/87		4/88 COM CSL 6/88 TEC HCF 7/88 COM HCW 7/88 TEC SUR 7/88 TEC FOC 9/88 COM RES	9/87 CON 870 12/87 CON 420	7/88 REA
ECUADOR		1/88			4/88 TEC SUR 4/88 COM MED 8/88 COM MED 7/89 TEC BLD		
EL SALVADOR		4/88			1/89 COM MED		
GUATEMALA		4/88		4/88 TEC BLD			7/88 REA
HAITI		3/88		3/88 COM MED	8/88 COM MED		
JAMAICA		1/88		3/88 COM FOC	4/88 TEC FOC 5/88 COM HCW		

(See last page for codes)

COUNTRY	NATL. PLAN REVIEW	NEEDS ASSESS.	DONORS' MEETING ATTENDANCE & SUPPORT (\$1000)	TECHNICAL ASSISTANCE		COMMODITIES PROVISION	
				COMPLETED	CURRENT/ PLANNED	SHIPPED	PLANNED
JAMAICA (cont.)					6/88 COM RES 12/88 COM CSL 7/89 TEC LOG		
MEXICO		1/88		4/88 COM FOC	4/88 TEC HCF 5/88 COM FOC 6/88 TEC SUR 9/88 COM RES		
PERU		7/88					

CODES:

PROVIDERS

COM - AIDSCOM
TEC - AIDSTECH

TECHNICAL ASSISTANCE

BLD - Blood and Blood Products
CSL - Counseling
FOC - Focused Communications
HCF - Health Care Financing
HCW - Health Care Worker Education
KAP - Knowledge, Attitudes & Prac.
LOG - Condom Logistics
MED - Media Communications
OTH - Other
RES - Resident Advisor
STD - Sexually Trans. Disease Mgmt.
SUR - Surveillance

COMMODITIES

CON - Condoms (in 1000s)
LAB - Laboratory Set-up
REA - Blood Screening Reagents

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