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HIV / AIDS :

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THE EVOLUTION

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OF THE PANDEMIC,

THE EVOLUTION

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OF THE RESPONSE

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The U.S. Agency for International Development
Program for Prevention and Control of HIV Infection / August 1993

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Executive Summary

The world has entered the second decade of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) pandemic. In its first decade, HIV infection has demonstrated an unprecedented capacity to spread. Looking ahead, we can see that its major effects are yet to come.

During the early to mid-1980s, when the first cases of AIDS were being diagnosed, the epidemic was still in its silent phase. The vast majority of people infected with HIV, the virus that causes AIDS, were asymptomatic. Healthy in appearance, and unaware of their infection, many of these individuals unknowingly passed the infection to others. In this way, the virus made its way around the world. By the late 1980s, HIV infection had appeared in most countries, and the course of the epidemic in the developing world was becoming clearer: millions of people in sub-Saharan Africa were infected, infection rates were climbing steadily in Latin America and the Caribbean, and the virus was making its presence known in Asia.

Now, at the beginning of the second decade of the pandemic, some 14 million men, women and children worldwide have been infected. More than 2 million adults and 600,000 children have developed AIDS, and the majority of these people live in developing countries. Despite efforts to control its spread, the epidemic continues. The World Health Organization (WHO) estimates that by the year 2000, as many as 30 million to 40 million people—including millions of children—will have been infected. Many of these people will be living in countries where the epidemic has yet to make a mark. Unless the spread of HIV is curbed, the epidemic will reverse many of the hard-won health, social and economic gains made by many of the world's developing nations.

In light of the great health and development impact of the HIV pandemic, USAID has taken a leadership role in HIV prevention and control since 1986, supporting HIV/AIDS interventions in 70 developing countries throughout the world. Initially, USAID and the international community rapidly mobilized an emergency response to the HIV/AIDS crisis. A wide range of HIV/AIDS prevention interventions were launched. By the early 1990s, it was clear that the epidemic would persist in many parts of the world for years to come. Between 1986 and 1992, USAID gained knowledge about and insight into both the epidemic and what works—and doesn't work—in developing programs to prevent HIV/AIDS. It became clear that available resources were spread too thin, and that fragmentation and duplication threatened to dilute even the most successful prevention strategies.

USAID is now using these lessons to refine its HIV/AIDS strategy. The Agency's efforts have evolved into the development of more comprehensive programs that integrate multiple interventions and are designed to address a long-term problem. USAID's strategy has a primary goal: to prevent the

spread of HIV/AIDS by focusing on decreasing the sexual transmission of HIV. To have the greatest impact, resources are concentrated in a limited number of countries.

As the epidemic evolves, it creates new pressures for overburdened social, health and economic infrastructures in countries where resources are limited and demand is growing. As HIV/AIDS spreads to new, previously unaffected regions of the world, the demands for assistance will challenge our currently available resources.

In looking to the future, USAID is sharpening the focus of its current HIV prevention efforts and identifying key areas that must be strengthened if prevention efforts in developing countries are to succeed over the long term. Increasingly, future efforts will address the unique needs of women, integrate prevention into other health and development efforts, and explore innovative approaches to changing high-risk sexual behavior and preventing infection.

The next five years hold the key to helping countries around the world strengthen the capacity for controlling the spread of HIV and ensuring that past social and economic achievements are not reversed. USAID's HIV/AIDS prevention strategy aims to reduce the spread of HIV/AIDS and secure the survival and well-being of future generations.



Comprehensive HIV prevention programs today can contain the spread of AIDS and protect future generations.

HIV in the Developing World:

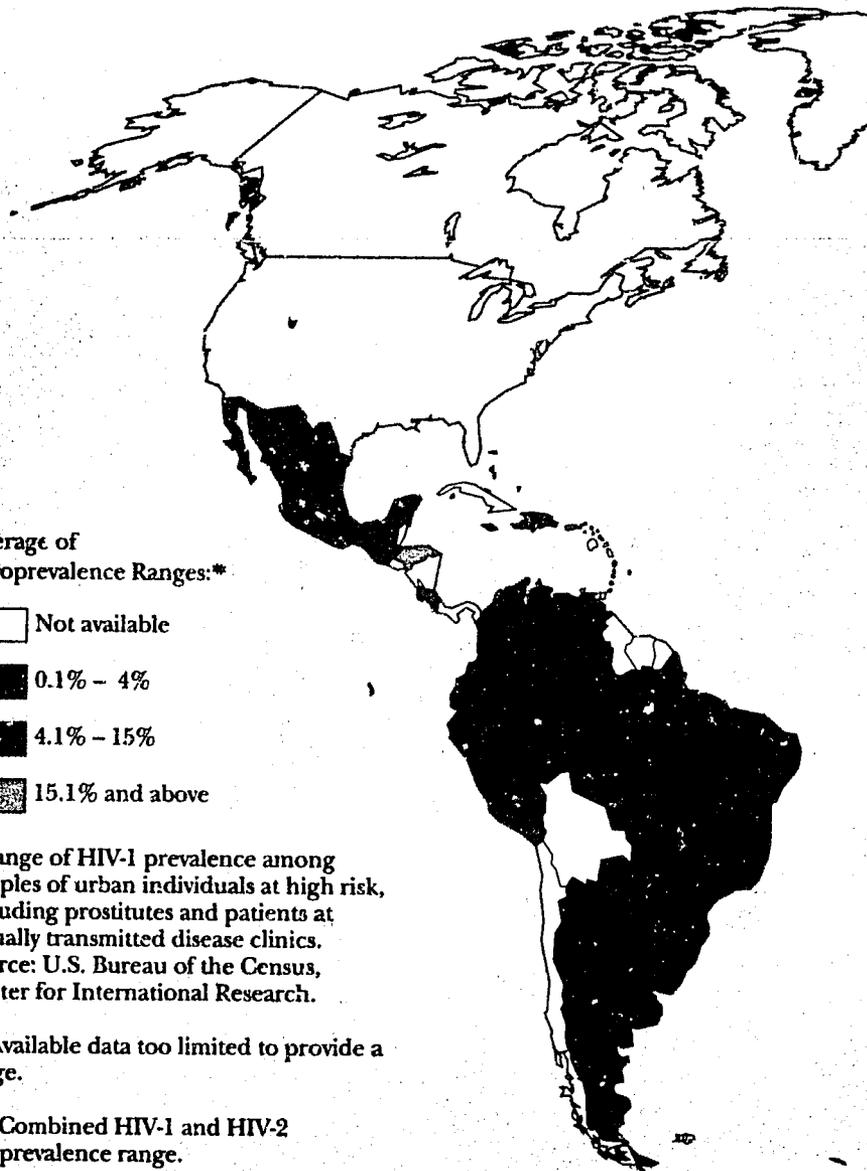
HIV Seroprevalence Among Urban Individuals at High Risk

The seroprevalence data presented below and in Appendix A are taken from the HIV/AIDS Surveillance Database of the Center for International Research of the U.S. Bureau of the Census. They were selected as the best available data on HIV seroprevalence among populations in urban areas of developing countries. Seroprevalence data are not provided for rural populations because they are not available for many countries. However, it should be noted that HIV seroprevalence rates in rural areas generally are considerably lower than urban rates.

Because surveys of HIV seroprevalence are not based on national samples, seroprevalence estimates have a bias if generalized beyond the sample population. To minimize bias and confusion in using current seroprevalence estimates, the most representative sample estimates were selected according to the following criteria:

- larger samples were generally favored over smaller samples;
- more recent estimates were selected over older estimates; and
- better documented data were selected over poorly documented data; data without documentation were not used.

These criteria only attempt to minimize the biases in the data, not eliminate them. Therefore, all seroprevalence data must be used with caution.



Average of Seroprevalence Ranges:*

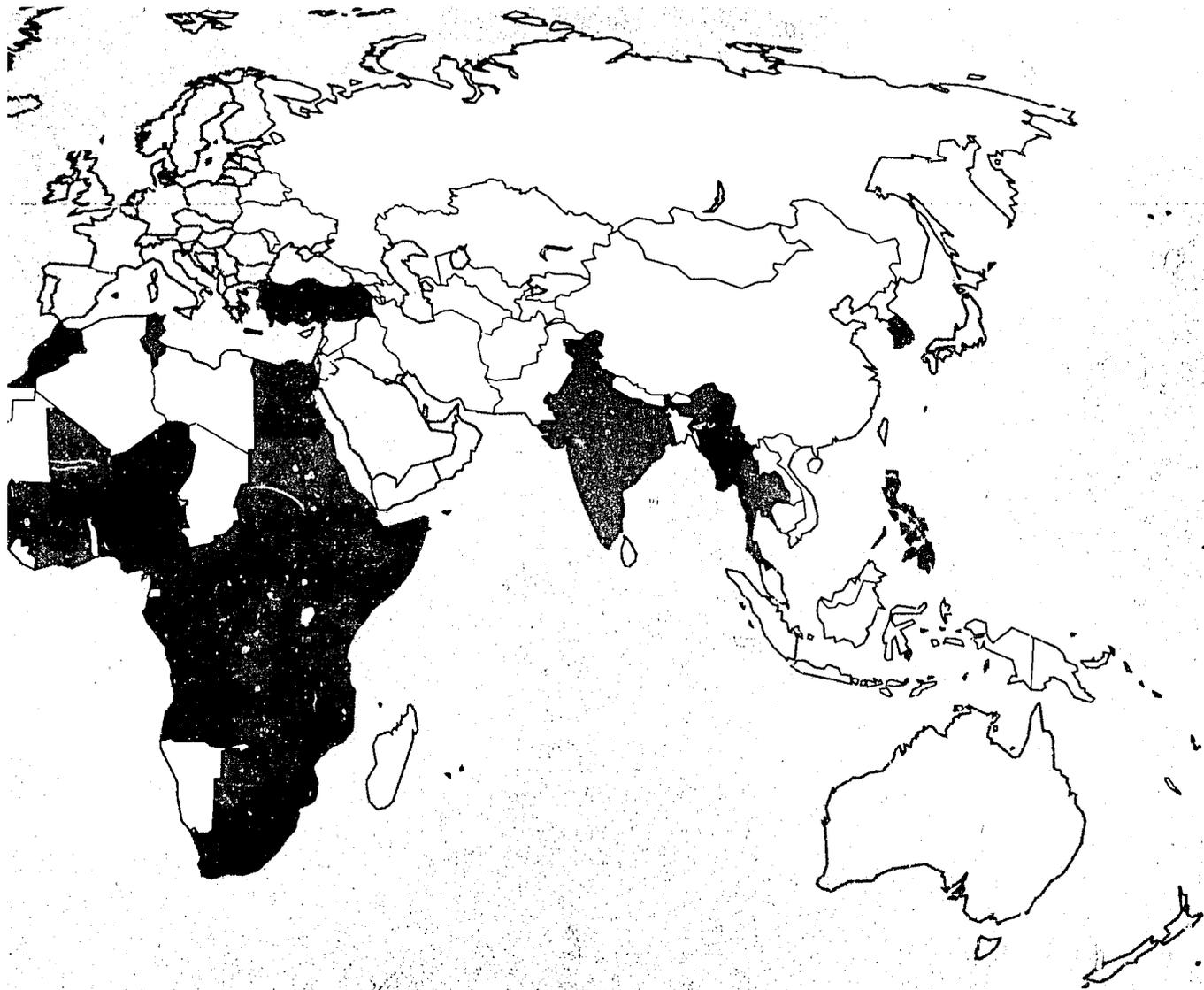
- Not available
- 0.1% - 4%
- 4.1% - 15%
- 15.1% and above

* Range of HIV-1 prevalence among samples of urban individuals at high risk, including prostitutes and patients at sexually transmitted disease clinics. Source: U.S. Bureau of the Census, Center for International Research.

** Available data too limited to provide a range.

*** Combined HIV-1 and HIV-2 seroprevalence range.

Country	Seroprevalence Range (%)*		Country	Seroprevalence Range (%)*	
	HIV-1	HIV-1 and HIV-2***		HIV-1	HIV-1 and HIV-2***
AFRICA					
Angola	13.7 - 14.2	23.5 - 24.7	Malawi	26.0 - 62.4	
Benin	1.3 - 4.5	1.3 - 8.2	Mali	23.0 - 42.6	37.8 - 69.6
Botswana	21.8 - 23.2		Mauritania	Not available	
Burkina Faso	7.9 - 17.2	18.2 - 26.4	Mauritius	0.8**	
Burundi	18.5**		Mozambique	1.2 - 3.0	1.4 - 3.0
Cameroon	8.6 - 26.0		Namibia	Not available	
Central African Republic	15.0 - 22.0		Niger	5.9**	7.3 - 11.2
Chad	Not available		Nigeria	3.9 - 12.8	4.2 - 14.7
Congo	18.5 - 34.3		Rwanda	48.0 - 69.0	
Côte d'Ivoire	18.4 - 62.5	20.1 - 69.4	Senegal	2.0 - 7.3	11.8 - 33.4
Djibouti	13.1 - 43.0		Sierra Leone	2.7 - 4.8	4.5 - 4.8
Equatorial Guinea	Not available		Somalia	2.4 - 8.3	
Ethiopia	36.4 - 69.4		South Africa	2.4 - 8.2	
Gabon	1.6 - 3.7	1.6 - 4.2	Sudan	7.6 - 24.3	
Gambia	4.6 - 4.7	6.9 - 30.7	Swaziland	2.2**	
Ghana	8.6 - 37.5		Tanzania	19.3 - 42.9	
Guinea	1.1 - 3.0		Togo	Not available	
Guinea-Bissau	Not available	56.7 - 50.0	Uganda	41.0 - 52.0	
Kenya	44.7 - 88.5		Zaire	30.0 - 37.8	
Lesotho	1.0**		Zambia	33.0 - 54.0	
Liberia	Not available		Zimbabwe	28.6 - 61.5	
Madagascar	Not available		ASIA		
			Afghanistan	Not available	
			Bangladesh	Not available	



Country	Seroprevalence Range (%)*		Country	Seroprevalence Range (%)*		Country	Seroprevalence Range (%)*	
	HIV-1	HIV-1 and HIV-2***		HIV-1	HIV-1 and HIV-2***		HIV-1	HIV-1 and HIV-2***
Bhutan	Not available		Iraq	Not available		Dominican Republic	2.6 - 5.0	
Burma (Myanmar)	8.0 - 11.0		Jordan	Not available		Ecuador	0.0 - 1.6	
Cambodia	Not available		Lebanon	Not available		El Salvador	Not available	
China, People's Republic of	Not available		Libya	Not available		French Guiana	Not available	
French Polynesia	Not available		Morocco	1.2 - 7.1		Grenada	Not available	
Hong Kong	Not available		Syria	Not available		Guatemala	0.4 - 0.7	
India	7.6 - 26.6	7.6 - 35.9	Tunisia	1.9**		Guyana	Not available	
Indonesia	Not available		Turkey	1.6**		Haiti	21.4 - 41.9	
Korea, Republic of	0.1**		Western Sahara	Not available		Honduras	19.8 - 45.8	
Mongolia	Not available		Yemen	Not available		Jamaica	3.1 - 14.6	
Laos	Not available		LATIN AMERICA AND THE CARIBBEAN			Mexico	0.7 - 2.2	
Nepal	Not available		Antigua & Barbuda	Not available		Montserrat	Not available	
Pakistan	Not available		Argentina	5.8 - 6.3		Nicaragua	Not available	
Papua New Guinea	Not available		Bahamas	8.4**		Panama	Not available	
Philippines	0.1 - 6.3		Barbados	Not available		Paraguay	0.1**	
Singapore	0.4**		Belize	Not available		Peru	0.3 - 0.6	
Sri Lanka	Not available		Bolivia	Not available		St. Kitts & Nevis	Not available	
Thailand	8.9 - 31.1		Brazil	6.0 - 24.0	6.0 - 24.0	St. Lucia	Not available	
Vietnam	Not available		Br. Virgin Islands	Not available		St. Vincent	Not available	
EUROPE/NEAR EAST			Chile	Not available		Suriname	Not available	
Algeria	Not available		Colombia	0.6 - 14.6		Trinidad & Tobago	14.2**	
Egypt	0.7 - 0.8		Costa Rica	0.1**		Uruguay	0.0 - 1.3	
Iran	Not available		Cuba	Not available		Venezuela	6.1**	
			Dominica	Not available		NEW INDEPENDENT STATES		
						Not available		

The Evolution of the HIV Pandemic in the Developing World

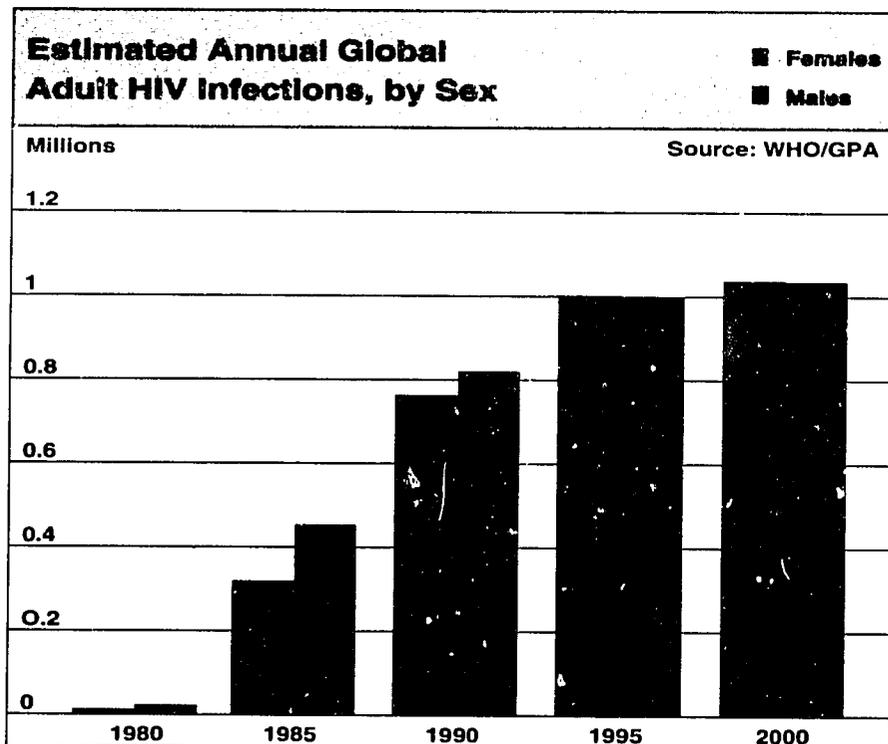
In 1981, when the first cases of AIDS were diagnosed among homosexual men in the United States, the world was ignorant of the true magnitude of the HIV/AIDS pandemic. Over the next five years, as more AIDS cases came to light, it became increasingly clear that men and women were being struck by an illness not yet well understood by the medical community, public health experts or the world's leaders. By 1986, reports from sub-Saharan Africa indicated that an ever-increasing number of people were sick with AIDS and dying. Public health officials warned that those with AIDS reflected only a limited dimension of the AIDS epidemic—many more people were infected with HIV, the virus that causes AIDS.

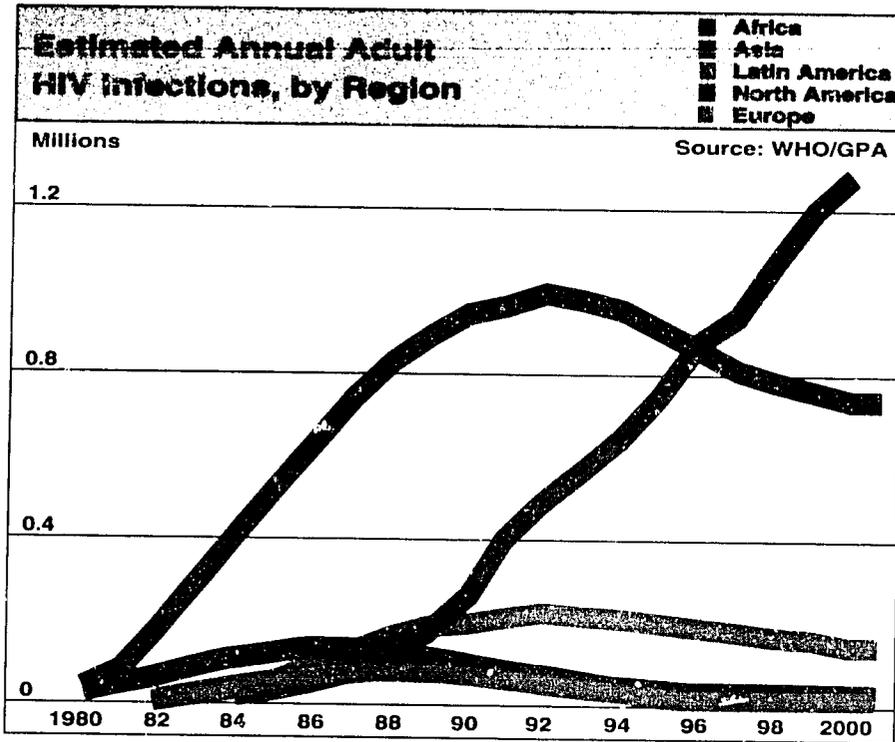
Most people with HIV infection are asymptomatic initially and, because they appear healthy, can pass the virus unknowingly to others. This is the “silent phase” in the epidemic, during which individuals are especially vulnerable to the spread of the virus. Because of the long incubation period between infection and illness, the severity of the epidemic in a country is generally not apparent until large segments of its population are already infected, making it difficult to persuade individuals or governments to take serious preventive measures.

Now, in the second decade of the pandemic, WHO estimates that 14

million men, women and children worldwide have been infected with HIV since the beginning of the epidemic, and that as many as 30 million to 40 million—including millions of children—will have been infected by the year 2000. Twelve million to 18 million people will have developed AIDS by that time. The large and growing number of people who are sick and dying is revealing the true health, social and developmental impact of HIV/AIDS.

Rising rates of sexually transmitted diseases (STDs) contribute to the spread of the AIDS epidemic. Worldwide, there are an estimated 250 million STD cases every year.





Research has confirmed that individuals who have other STDs are more likely to become infected with HIV. The presence of STDs has been found to increase the efficiency of sexual transmission of HIV by five to 20 times.

While initially identified in the Western industrialized world, AIDS was soon recognized as a problem in developing countries. Increasingly, new HIV infections will occur in people from developing countries. By the turn of the century, 90 percent of all new HIV infections will be in people living in countries with the fewest resources to deal with the effects of HIV/AIDS or to contain its spread.

Unlike most other serious illnesses that generally affect the

very young and the very old, AIDS, because it is predominantly sexually transmitted, disproportionately kills people in their 20s, 30s and 40s. These are the years of greatest personal and societal productivity.

Worldwide, HIV transmission occurs principally through heterosexual intercourse, and women now account for more than one-third of all known cases of HIV infection. Women in many societies must cope with inferior economic and social status that directly increases their vulnerability to HIV and often limits their ability to control their sexual lives and protect themselves. In addition, studies show that women, particularly adolescents, are at higher risk of infection than men due to greater biological and social vulnerability. In the next decade, it is projected that women will account for more than 50 percent of all new infections among adults.

The number of infected children increases as more women are infected and pass the virus on to their offspring. In many African countries, the impact of AIDS on infant mortality is already being seen. WHO estimates a 50 percent increase in infant mortality during the 1990s in sub-Saharan Africa, reversing the significant gains made since the early 1960s in many developing countries by child health programs that emphasize immunization, oral rehydration and better nutrition. With the continued increase in HIV infection among women in other regions of the world, a similar loss in child survival advances can be expected in these regions as well.

In the absence of effective and affordable medical treatments, most if not all of those infected with HIV will eventually develop AIDS and die prematurely. For adults infected with HIV in developing countries, the primary illness and cause of death is now HIV-associated tuberculosis (Tb). Of the 13 million adults who have been infected with HIV worldwide, almost 5 million have been infected with Tb as well.

The rural sector will not escape the impact of the epidemic. In many developing countries, particularly those with well-developed transportation infrastructures and high levels of rural-urban migration, HIV is spreading from urban to rural areas. While infection rates are generally lower in rural areas throughout much of the developing world, since more people still live there, the absolute numbers of people infected in rural areas will be great.

The HIV epidemic challenges the best efforts of the biomedical and social sciences. Access to drugs that may prolong the life of a person infected with HIV is limited by their high cost. Effective vaccines are years away from development and widespread availability. Prevention, particularly prevention of sexual transmission, is the only alternative strategy for slowing the progressive spread of HIV infection and will remain critical even if vaccines and drugs do become available.

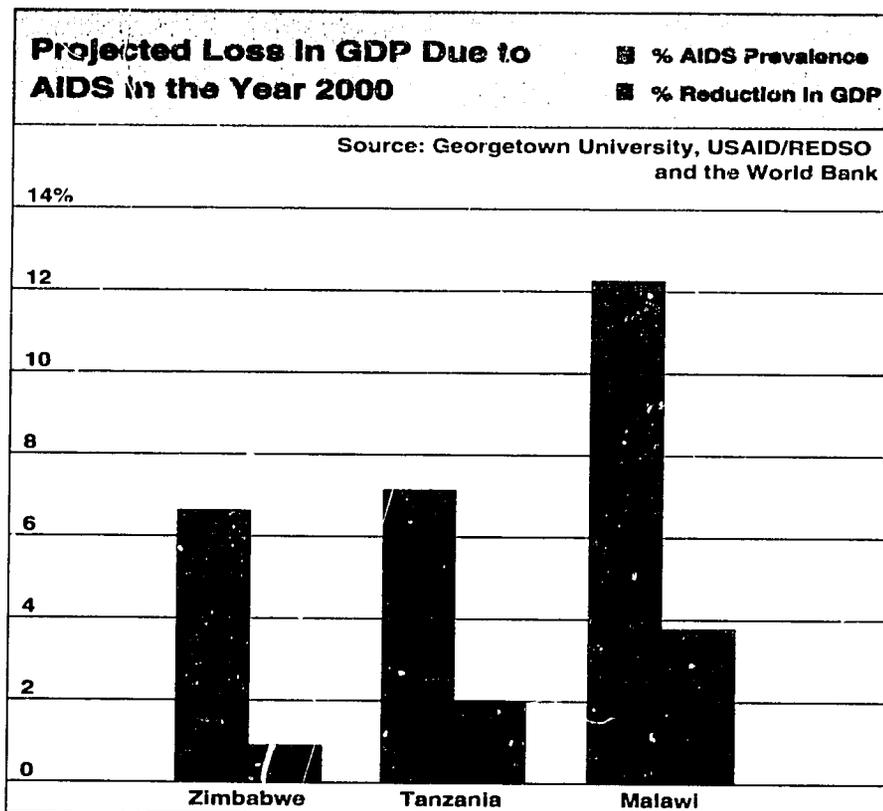
Sub-Saharan Africa

Sub-Saharan Africa was the first region of the developing world seriously affected by the HIV/AIDS epidemic. It is estimated that this region now accounts for more than 60 percent of the total number of people worldwide infected with HIV. In sub-Saharan Africa, heterosexual intercourse has been the principal mode of transmission since the epidemic was first detected, and accounts for over 80 percent of infections. More than 8 million adults in Africa have been infected, 4 million of them women. In addition, nearly 1 million children have been infected through transmission of HIV from mother to child.

In some of the large cities of Africa, the virus is present in one-third of the sexually active population.

HIV is spreading across the continent, accelerated by high rates of STDs. In West Africa, Côte d'Ivoire—with a population of 13 million people—estimates that 10 percent of those living in its largest city are infected, while in Southern Africa, Zimbabwe estimates that 18 percent of its urban population is infected. HIV remains concentrated in urban centers, but infection rates are now rising in rural areas as well, where most of the African population lives.

Women are hard-hit by the HIV epidemic. In most regions of Africa, the rate of infection among women equals or exceeds that of men. Women also are becoming infected at a significantly younger age than men, on



average five to 10 years earlier. In Lusaka, Zambia, 25 to 30 percent of women in prenatal care clinics are infected with HIV.

The region is also facing the emerging problem of children who are orphaned because of the HIV-related death of one or both parents. In hard-hit cities such as Kampala, Uganda, and Lilongwe, Malawi, already 25 to 30 percent of all children who are orphaned had mothers who died from HIV-related causes. The United Nations Children's Fund (UNICEF) predicts that there will be 3 to 5 million orphans in 10 Central and East African countries by the end of the century. Traditionally, orphans in Africa are taken in by members of the extended family, but this is becoming less feasible in areas with many AIDS deaths.

IMPACT OF HIV/AIDS ON THE ECONOMY

The HIV/AIDS pandemic not only causes immeasurable human suffering, it also threatens the economic progress of many nations.

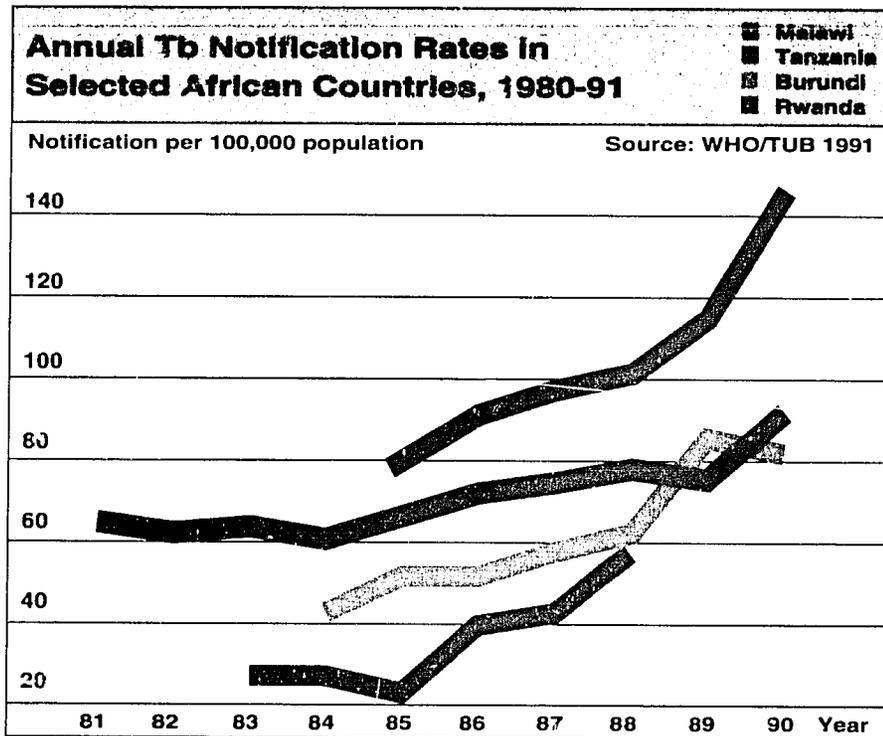
In the short term, the economic impact will be felt in increasing health care costs. Over the long term, the impact will be felt through labor force losses and possibly decreases in a country's GDP. Because HIV/AIDS generally affects people in the most productive years of their lives, changes in the population profile as the epidemic advances will exacerbate existing skill shortages and create new ones, threatening productivity.

An increasing prevalence of HIV/AIDS can create significant problems for businesses. Skilled workers become harder to find and retain. Health and life insurance costs rise. Cyclical employment, such as agriculture, creates demands for labor that cannot be met. Employees are more likely to be absent from work as they or their dependents fall ill.

In Kenya—a country with a growing industrial sector and a population of 26 million people—AIDS promises to have serious effects on both the health of its people and the country's economy. A large number of Kenyans have been infected with HIV already, and AIDS-related illness and deaths are escalating. By the year 2000, it is estimated that as many as one out of every nine adults could be infected.

The human crisis represents only a partial picture of the impact that AIDS will have on Kenya. The burden of AIDS on the country's health and economic well-being is likely to be devastating throughout this decade in terms of illness, hospital costs and the loss of labor from Kenya's most productive age groups. Currently, the estimated AIDS costs amount to between 2 and 4 percent of Kenya's annual GDP, and might rise to as much as 15 percent by the year 2000, suggesting that AIDS could slow the country's economic growth substantially. The potential loss in future wages from adult AIDS deaths in the year 2000 could be as high as \$881 million.

Certain Kenyan industries could be particularly affected by the epidemic. Because exports are critical to obtaining hard currency and repaying international debts, the impact of AIDS on workers in export-oriented industries may place an additional burden on the overall Kenyan economy. As agriculture represents the largest share of the country's export earnings, the loss of workers in this sector may have a particularly harmful effect on the economy. In addition, manufacturing and mining account for a significant proportion of Kenya's exports. Since miners may be at high risk of acquiring HIV because of the long periods of time they spend away from home, the impact in this relatively small sector might be substantial. It is expected that the greatest difficulties in replacing workers affected by AIDS could occur in such sectors as finance, insurance, social service, electricity and water, due to the high skill levels of workers in these sectors.



HIV-related tuberculosis (Tb) has created a parallel epidemic. Reactivation of dormant tuberculosis in people with HIV has led to dramatic increases in Tb rates in areas where Tb is already endemic. The number of hospital admissions for clinical Tb in Zaire, for example, doubled between 1982 and 1990. One-half of the cases were located in areas where Tb is already endemic. In some African countries it is estimated that up to 60 percent of Tb patients are also infected with HIV. Tuberculosis has already become the primary cause of death in adults with HIV in Africa. Unlike HIV, Tb is easily transmissible through household and other contacts. Each case of

active Tb can lead to further spread within households and communities.

Already strained by inadequate resources and numerous health challenges, the health care system in sub-Saharan Africa is hard-pressed to shoulder the existing burden of HIV/AIDS, let alone the disease's future impact. In hospitals in the heavily affected urban areas of the epidemic, more than 50 percent of the beds are now occupied by patients with HIV-related illnesses.

The indirect costs of the HIV/AIDS pandemic, including lost earnings of those affected, are expected to be at least 10 times the direct costs of health care. No sector of the economy will escape the impact of the virus.

Latin America and The Caribbean

HIV transmission patterns in Latin America and the Caribbean have changed considerably since the first AIDS cases were reported in the mid-1980s. At that time, most infections were attributed to homosexual contact, injecting drug use and contaminated blood products. By the end of the 1980s, female commercial sex workers had increased rates of infection. Starting in the early 1990s, heterosexual intercourse became the dominant mode of transmission in the region. It now accounts for 75 percent of all new infections. This change in transmission mode has been attributed to men having multiple casual partners, including male partners and commercial sex workers, as well as to male injecting drug users infecting female partners. However, in the region's sociocultural environment, the negative social consequences of being identified as homosexual or bisexual are substantial, so undoubtedly the incidence of infection among men who have sex with men is underreported.

For women in the region the probability of acquiring HIV is increasing at an alarming rate. Over the past three years, the male-to-female HIV infection ratio has dropped significantly. As a result of that trend, the region is seeing steadily higher numbers of perinatally infected infants. It is estimated that 10,000 children in the region have been born HIV-positive.

The geography of the region, the large number of tourists and business travelers, and seasonal migrations associated with agriculture accommodate the rapid spread of HIV within and across country borders.

In this region, where 1.5 million to 2 million people are believed to be infected, seroprevalence currently is highest in urban areas. High STD rates throughout Latin America and the Caribbean facilitate the accelerating spread of HIV. In several countries, infection rates among commercial sex workers are already high and are becoming higher. For example, surveys indicate that more than 30 percent of the commercial sex workers in selected urban sites in Haiti, and 40 percent in certain Honduran cities, are HIV-infected.

Underreporting is common in many countries, but reports of AIDS cases from several countries suggest that regional incidence of HIV infection has continued to surge. For example, in Brazil, which has the fourth highest

reported number of AIDS cases in the world, cases increased fourfold between 1990 and 1992. One-half of all HIV infection in Central America reportedly now occurs in Honduras. As in sub-Saharan Africa and the United States, the epidemic in Latin America and the Caribbean has been aggravated by a parallel resurgence of tuberculosis.

Most countries in this region, however, are still in the silent early phase of the epidemic. While they are experiencing an increasing spread of infection, most have yet to feel the impact of AIDS. Given demographic trends, the epidemic will have pronounced health, socio-economic and political effects. Since those infected are mainly young adults, labor shortages, especially among migrant workers, may have a significant impact on the region's economy.



RICK REINHARD/IMPACT VISUALS

A mother and her children listen to a health worker at a Central American medical clinic. The risk of HIV transmission is rising at an alarming rate among women and children in the Latin American and Caribbean region.

Asia

Until the late 1980s, HIV was not recognized as a serious public health threat in Asia. Today, HIV infection is spreading faster in Asia than anywhere else in the world. Approximately 2 million people are currently infected. WHO predicts that by the end of the decade, 1 million Asians will become infected each year, surpassing the number of those newly infected in any other region of the world. A dramatic increase in HIV infection has occurred recently in Thailand and India. By the year 2000, the epidemic could leave 4 million infected in Thailand and even more in India, where it is estimated that 1 million people have already become infected.

TREATING PEOPLE WITH HIV AND AIDS IN DEVELOPING COUNTRIES

Medical treatment costs of HIV/AIDS-related illness place tremendous burdens on the economies of developing countries. Even before the onset of AIDS, many developing countries were struggling to improve the general health of their populations. As more and more people infected with HIV develop AIDS, countries must cope with growing demands for drugs, health personnel and hospital beds. HIV/AIDS is characterized by intermittent bouts of illness, placing particular demands on hospitals, medical staff and countries' health budgets.

The annual cost of care for patients with HIV and AIDS in many developing countries considerably exceeds the per capita gross national product (GNP) of these nations. In Brazil, for example, the annual cost of care is estimated at 838 percent of GNP per capita. Hospital care for AIDS patients in Tanzania every year costs approximately 181 percent of GNP per capita.

Currently, more than 50 percent of hospital beds in several African cities are occupied by patients being treated for HIV- and AIDS-related illnesses. Given projected increases in infection rates and escalating numbers of AIDS cases, hospitals will be filled with patients seeking care and overburdened with the costs associated with providing that care.

In Malawi, for example, the prevalence of HIV among the adult population is expected to reach 11 to 18 percent by the year 2000. Projections estimate between 500,000 and 600,000 cumulative AIDS deaths by that same year.

The direct costs of treating AIDS-related illnesses in Malawi are estimated to be \$3.7 million, consuming about 20 percent of the Ministry of Health's recurrent curative budget. Just to maintain current levels of care, the Ministry would be required to spend between \$22.5 million and \$32.5 million on AIDS care in the year 2000, or 27 to 38 percent of its budget for that year.

The health care systems in many Latin American and Caribbean countries soon will be equally stressed. In Honduras, where 80 per 100,000 adults are estimated to be infected with HIV, and approximately 2,000 adult AIDS cases were reported in 1992, the Ministry of Public Health projects that as many as 200,000 of the country's 4.6 million people could be infected by the year 2000, with AIDS-related deaths reaching almost 100,000 by that time.

A substantial influx of new HIV and AIDS patients would lead to severe overcrowding in Honduran hospitals. The current cost of treating AIDS-related illnesses in Honduran hospitals is calculated at between \$500 and \$1,500 per admission. Just maintaining current treatment spending levels through the end of the decade will strain the nation's economy.

Countries such as Thailand and India, with high rates of HIV infection but as yet few cases of AIDS, will likely face very high health care costs in the next five to 10 years.



PATH/THAILAND

A woman and her child in Thailand, where 4 million people may be infected with HIV by the year 2000. In many parts of the world women's inferior economic and social status makes them vulnerable to HIV and limits their ability to protect themselves and their children.

Commercial sex industries in several Asian countries contribute heavily to the spread of infection. For example, in Bombay and Bangkok, approximately 30 percent of the commercial sex workers are believed to be infected with HIV.

Before long, this region will feel the economic impact of HIV/AIDS as well. In the last two decades, the inexpensive labor supply in South and Southeastern Asia has attracted heavy foreign investment. In Thailand alone, multinational firms spent \$1.3 billion in 1992. But if projected rates of HIV infection hold, a reduction in the labor force could discourage foreign investors and jeopardize future advances in the standard of living.

In Bangkok and other Asian cities that depend on foreign visitors for much-needed foreign exchange, tourism is lagging already, in part because of the fear of HIV/AIDS. This is a particularly serious loss given the expected heavy financial impact of the epidemic on the economies of many Asian countries. Thailand, for example, estimates that the total direct and indirect costs of the epidemic will be \$2 billion by the year 2000.

Near and Middle East, North Africa

Little information is available on rates of HIV infection in North Africa and the Middle East. Despite this lack of data, it is clear that measurable levels of infection are present in many of the countries of the region. All modes of transmission have been documented. The transmission of HIV was partially facilitated in the mid-1980s by migratory movements between North Africa and Europe. The availability of heroin, which has been transported through war-torn Lebanon and Iran, has created another risk of HIV spread.

It is possible that a silent epidemic has gone unmeasured thus far. Many of the countries of the Near and Middle East and North Africa have reported AIDS cases; however, both the numbers of reported cases and estimates of HIV infection tend to be low.

Other Regions

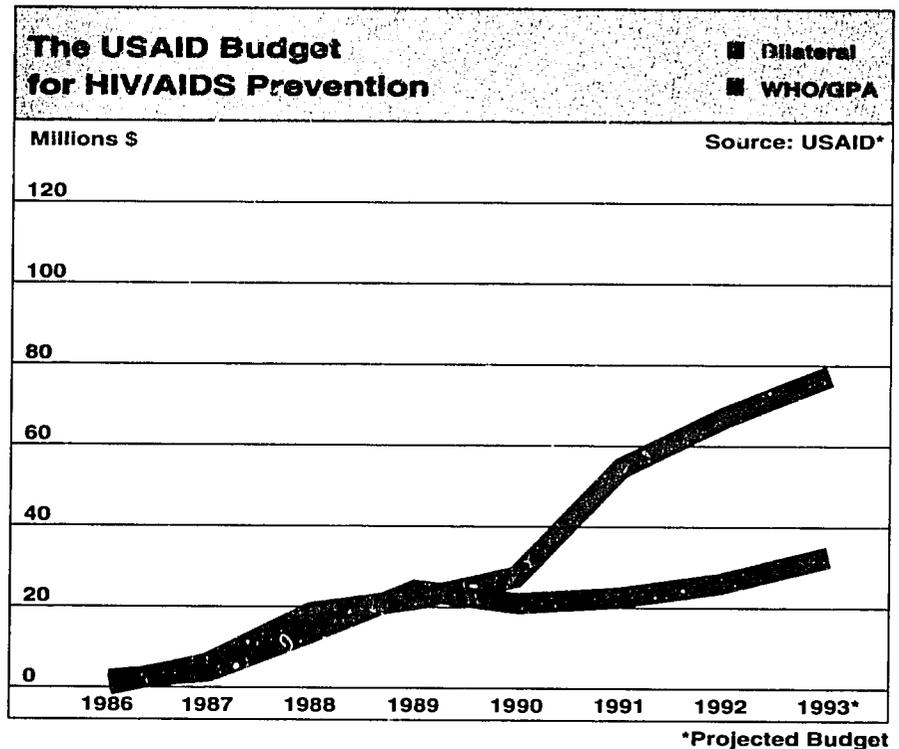
Despite efforts to slow the spread of HIV infection, the epidemic continues to expand into new regions of the world. HIV/AIDS is now reported from areas that had earlier been untouched, such as Greenland and the Pacific island nations of Fiji and Papua New Guinea.

The USAID Five-Year Response

USAID has been and continues to be a world leader in the global response to HIV infection and AIDS. Since 1986, more than \$400 million in USAID funding has been committed to HIV/AIDS prevention activities through bilateral programs and contributions to the multilateral efforts of the World Health Organization Global Programme on AIDS (WHO/GPA).

Multilateral Assistance: WHO/GPA Support

In 1987, as the scope of the HIV epidemic became clear, WHO created the Special Programme on AIDS to coordinate a worldwide response. This program's activity intensified in early 1988 with the formation of the WHO/GPA. The Programme's mandate is to provide technical, policy and strategic leadership; help developing countries create prevention and intervention programs; and coordinate research and global surveillance. WHO/GPA has catalyzed the establishment of National AIDS Control Programmes in more than 160 countries. USAID has consistently been WHO/GPA's largest single contributor and in 1992 provided more than 30 percent of WHO/GPA's budget.



USAID HIV/AIDS Prevention Initiatives

In addition to supporting WHO/GPA efforts to combat the spread of HIV infection, over the past five years, USAID has directly funded HIV prevention and intervention programs in developing countries in sub-Saharan Africa, Latin America, the Caribbean and Asia. The success of USAID's bilateral assistance programs has been facilitated by the Agency's extensive and long-established network of Missions throughout the developing world.

Prevention Projects and Activities

From 1987 through 1992, USAID implemented most of its HIV/AIDS initiatives through two independent projects: AIDS Public Health Communications (AIDSCOM) and AIDS Technical Support (AIDSTECH). Five basic goals guided USAID's strategy over this period:

- change high-risk sexual behavior;
- reduce the number of sexual partners;
- reduce the incidence of sexually transmitted diseases;
- increase access to and use of condoms; and
- reduce the transmission of HIV through blood.

The AIDSCOM project, a public health communications program managed by the Academy for Educational Development (AED), has used

behavioral research to achieve greater understanding of how health communication influences voluntary decisions to reduce the risk of HIV infection. The \$24-million project has helped organizations apply communication and behavioral sciences to HIV/AIDS prevention and has assisted in developing institutional capacity for health communication efforts.

Among the many activities undertaken by AIDSCOM with support from USAID were peer education programs in Uganda; teacher training programs in Malawi; media campaigns in Ghana and Zambia; knowledge, attitude and practices (KAP) surveys in the Philippines and Thailand; training and research initiatives in Indonesia; and mass communications, print media and technical assistance projects in the Dominican Republic, Jamaica, Peru, Brazil, Ecuador and other Latin American countries.

AIDS EDUCATION IN THE WORKPLACE

A 48-minute film, produced and distributed in Uganda with support from AIDSCOM, tells the story of a Ugandan business executive who hears but does not heed the warnings about HIV/AIDS. After his wife gives birth to their child, he finds that the infant has AIDS, and that both he and his wife are infected with HIV. He is shunned initially when his co-workers become aware of his condition. But an understanding friend and company executive launch a workplace-based AIDS education program. A company policy is established. At the funeral of the man's child, the community unites to comfort him and his wife.

The film was designed to achieve multiple objectives: illustrate the difficulties faced by individuals

and families with AIDS; dispel the myths surrounding infection; highlight the adverse effects of AIDS-related discrimination; and encourage companies to create AIDS policies and workplace-based HIV/AIDS education programs.

The film was used in workplace HIV/AIDS training programs and shown on Ugandan television. According to an AIDSCOM survey, persons viewing the film were twice as likely to use a condom in the subsequent two months. The odds of using a condom were also increased among those talking to peer educators or attending a talk, but results were best for those exposed to all three interventions.



POPULATION SERVICES INTERNATIONAL

Another condom sale is made at a bus station in Abidjan. More than 8 million condoms have been sold through social marketing programs in Côte d'Ivoire.

AIDSTECH, a multidisciplinary technical assistance project implemented by Family Health International (FHI), worked on capacity building at both the national and community levels to develop, implement, evaluate and sustain comprehensive HIV/AIDS prevention programs. AIDSTECH worked closely with local organizations to design interventions to prevent sexual transmission of HIV and provide improved blood screening and quality assurance to prevent HIV transmission through blood.

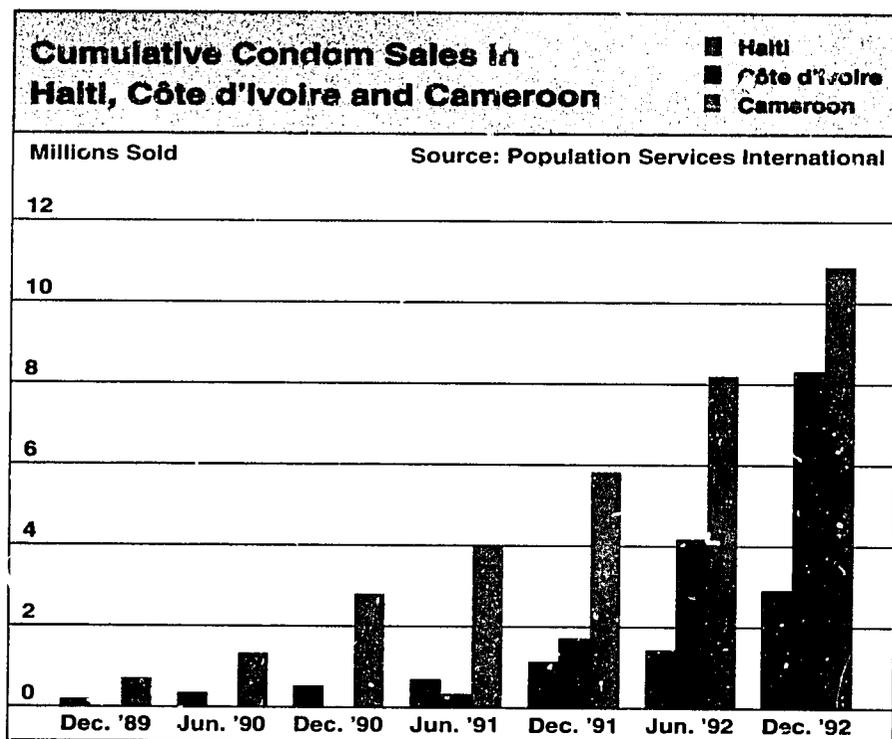
AIDSTECH's technical support initiatives have included behavior-change interventions such as peer education in Mali, Thailand, Cameroon, Niger and Zimbabwe; condom social marketing strategies in Zaire, Burkina Faso and Cameroon; safer sex and STD-prevention education initiatives in the Philippines, Burkina Faso and El Salvador; and a range of initiatives in the Dominican Republic, Cameroon and the Philippines to improve the safety of blood transfusion systems and upgrade HIV testing capabilities and STD treatment. Innovative train-the-trainer projects were also sponsored in Brazil and the Dominican Republic.

AIDSTECH and AIDSCOM have designed and implemented interventions in more than 50 countries in the developing world. Their work has been analyzed and documented, and the record of their accomplishments is providing valuable insights for USAID's future HIV/AIDS prevention projects as well as those of other organizations involved in HIV/AIDS prevention around the world.

Between 1988 and 1992, several additional prevention initiatives in Africa were supported through USAID's \$40-million HIV/AIDS Prevention in Africa (HAPA) project. Among other major initiatives, such as a condom social marketing program in Zaire, an STD-control program in Zambia, and an AIDS-in-the-workplace program in Uganda, the HAPA project represented one of USAID's first efforts at large-scale funding of private voluntary

organizations (PVOs) to work in HIV prevention. An important component of the project was a technical support initiative to assist HAPA grantees in developing, implementing and evaluating appropriate and effective community-based HIV-prevention activities. HAPA funded five U.S.-based PVOs and one university to conduct nine prevention projects in sub-Saharan Africa.

In addition to these major HIV/AIDS prevention initiatives, USAID has integrated HIV/AIDS prevention-related efforts into some of its existing programs that target women, such as family planning and maternal and child health programs. One example



of such an integrated effort is a USAID-funded maternal health project, MotherCare, which is exploring ways of integrating STD-control principles into prenatal care programs. These types of initiatives bring more resources to bear on efforts to control the spread of HIV and focus on interventions that reach women.

USAID Missions also have directly supported HIV/AIDS prevention projects in addition to using the technical resources provided by the specific projects discussed above. USAID prevention programs in Ghana, Uganda, the Philippines and Indonesia are examples. In Uganda, a project developed by the USAID Mission and administered by World Learning (formerly the Experiment in International Living), is training peer educators to change sexual behavior through people-to-people communication. Those trained include members of women's groups, religious groups, high schools, unions and other organizations. Trusted individuals from the same background are able to influence their peers to change their behavior. Another example of an innovative Mission-sponsored project is described on p. 18.

CONDOM-ONLY BROTHELS HELP CURB THE SPREAD OF HIV IN THAILAND

In 1988, reported HIV infection rates in Thailand were low, except among injecting drug users. However, the infection spread quickly to commercial sex workers and their clients. As commercial sex workers in some brothels averaged about four sexual contacts a night, often without the protection of a condom, the large and active commercial sex industry became a major threat to the control of HIV throughout the country.

An AIDSTECH activity supported the expansion of two existing Thai "condom-only" initiatives focused on education of brothel managers and owners. It was designed to maximize the use of condoms in provinces where the levels of HIV infection were disproportionately

high in relation to those of the total population.

In the town of Khon Kaen, female managers in two of the brothels had already implemented a "condom-only" policy requiring that all clients use condoms or be asked to leave. AIDSTECH provided HIV/AIDS prevention training to the managers of all 25 brothels in Khon Kaen to increase the use of condoms by commercial sex workers. As a result, the percentage of brothels in Khon Kaen reporting 100 percent condom use increased from 21 to 61 percent within six months.

AIDSTECH also provided support to expand the "condom-only" initiative implemented in the province of Ratburi to seven other provinces. This program model, devel-

oped by provincial health and political officials, decreed all brothels in a province "condom only," and depended on cooperation among the provincial governor, law enforcement officials and brothel owners. Public health officials provided condoms, free or low-cost STD exams, and HIV/STD education to the commercial sex workers. The Ratburi project was replicated successfully in seven additional central provinces. In these provinces, the percentage of brothels reporting 100 percent condom use increased from 21 to 81 percent after two months. In one province, reported monthly condom distribution increased more than 200 percent, from 15,000 to 50,000.

In 1991, USAID awarded funding to Family Health International to expand its work in AIDS prevention through the new AIDS Control and Prevention (AIDSCAP) project. Complementing Mission-sponsored, bilateral HIV/AIDS projects, AIDSCAP is now the centerpiece of USAID's HIV/AIDS prevention program. In its start-up year, AIDSCAP developed technical strategies, identified priority countries for assistance, assessed country needs, and developed strategies and implementation plans for comprehensive country programs.

ANONYMOUS HIV TESTING AND COUNSELING IN UGANDA

The first anonymous testing and counseling center in sub-Saharan Africa was founded in Kampala in 1990 with USAID financial and technical support. By the end of December 1992, over 70,000 Ugandans had received HIV testing and counseling through this project. In 1992 alone, more than 39,500 clients were served, of whom 52 percent were men and 48 percent were women.

In addition to the AIDS Information Center in downtown Kampala, testing and counseling centers have been opened in the cities of Jinja, Mbarara and Mbale. Seventeen "satellite" centers now offer services one or more days each week.

With technical assistance from the U.S. Centers for Disease Control and Prevention (CDC), AIDS Information Center staff have been conducting an evaluation of the impact of learning one's serostatus and being counseled about HIV prevention. Nearly 3,000 clients were inter-

viewed at the time they came for counseling, two weeks later when they were informed about their HIV status, and subsequently at three and six months. Within the study population, 22 percent of the men and 35 percent of the women were HIV-positive.

Preliminary results at the six-month follow-up indicated that counseling and knowledge of serostatus enable clients to make informed, logical decisions about their sexual behavior. Condom use, though very low initially, increased dramatically over time. Less than 10 percent of HIV-positive clients reported consistent condom use when they were first seen at the AIDS Information Center; however, after six months, more than 80 percent of HIV-positive, sexually active clients reported using condoms consistently with steady and nonsteady partners.

The proportion of HIV-negative AIDS Information Center clients using condoms consistently with nonsteady partners increased from 24 to 95 percent among men and from 14 to 94 percent among

women. HIV-negative clients also increased their consistent use of condoms with their steady partners, but at much lower rates than HIV-positive clients. These results demonstrate not only the effectiveness of counseling for HIV prevention in the Ugandan context, but also that clients use knowledge of serostatus to select the prevention strategy appropriate to their situation.

The AIDS Information Center has sponsored "Post-Test Clubs," which are open to all clients regardless of serostatus, and are now active in Kampala, Jinja and Mbarara. More than 10,000 of the center's clients have attended at least one function at a club, and over 500 clients attend at least one a month. Clients of the information center have organized drama and music groups to present AIDS prevention messages to students, church congregations, street vendors and other groups. The Post-Test Clubs, AIDS Information Centers and satellite centers are also sites for condom education, distribution and social marketing.

Biomedical and Behavioral Research

USAID supports HIV/AIDS-related biomedical research, to develop technologies that will enhance prevention efforts. An ongoing initiative supports research that will yield simpler, less expensive methods to diagnose STDs in resource-poor countries, where the cost and availability of current diagnostic procedures often prevents provision of appropriate treatment for people with STDs. USAID also supports research to identify appropriate and effective STD diagnostics that rely on a syndromic approach for men and simple screening protocols for women.

USAID-supported behavioral research provides a better understanding of sexual behavior and how behavior changes can best be effected. For example, social science research being conducted in 13 countries is looking at how women perceive their risk of acquiring HIV, how gender roles and status affect communication and decision making with partners, and how women from different cultures protect themselves from high-risk sexual practices. (See the box on p. 20 on women and AIDS.)

Other research being conducted to support USAID's prevention efforts includes behavioral studies looking at the reasons for unsafe sexual practices and how to change them, and operational research to evaluate the success of interventions aimed at improving diagnosis and treatment of STDs, promoting safer sexual behaviors and increasing condom use.

Networking for PVOs

USAID encourages the participation of private voluntary organizations and other nongovernmental groups in its HIV/AIDS prevention and control programs. An expanded agreement with the National Council for International Health (NCIH) recognizes the importance of PVO participation in HIV/AIDS

prevention activities around the world and includes support for projects designed to facilitate and increase that involvement among international PVOs. NCIH regularly reaches more than 150 U.S. PVOs through its bimonthly newsletter and workshop series, thereby enabling USAID to reach decision makers in organizations that will be critical to the success of future HIV/AIDS prevention and control efforts.



Posters, comic books, videos and other innovative educational materials promote behavior change to prevent HIV transmission.

Five-Year Response to a Crisis: Insights and Knowledge Gained

Over the past five years, USAID has learned much about effective prevention and intervention strategies. Informed and motivated people can and do limit behaviors that increase their risk of acquiring HIV infection. Peer education, aggressive condom marketing and multimedia campaigns to reinforce prevention messages all can make a difference. Experience shows that efforts tailored to the sociocultural realities of different communities have the best chance of success. A thorough understanding of existing

WOMEN AND AIDS

While most of the early reported HIV infections were documented among men, the proportion of women becoming infected is increasing rapidly. According to WHO estimates, during the first half of 1992 women accounted for 50 percent of the 1 million new cases of HIV infection worldwide. By the year 2000, it is predicted that more than half of newly infected adults will be women. Increasingly, urban and rural women, married and unmarried, of various ages and socioeconomic backgrounds are being exposed to HIV through sexual contact with an infected partner, underscoring the critical need for developing strategies that reduce women's risk of HIV infection.

A number of biological, economic and sociocultural factors put women at risk. Biologically, HIV and STDs are more easily transmitted from men to women. Moreover, STDs, which bring on recognizable symptoms in men, are often asymptomatic in women, and thus remain untreated.

For women in many parts of the world, having sex with multiple partners is a matter of economic survival. Given limited opportunities for edu-

cation, formal sector employment, credit and training, many women must rely on sexual networking for income and goods. Even for monogamous women in stable partnerships, economic dependency prevents many from leaving the relationship if they suspect their male partners are putting them at risk through their sexual and drug use practices.

Cultural values, beliefs and norms regarding sexual behavior often differ for men and women, thus influencing the balance of power in sexual interactions. In many societies, sociocultural norms dictate that women be ignorant about sex, passive in sexual decision making and accepting of infidelity by their male partners. Such cultural conditioning increases a woman's vulnerability to STDs and HIV and makes it difficult for women to negotiate and practice risk-reduction behaviors.

To better understand how economic and sociocultural factors increase women's vulnerability to HIV and their options for AIDS prevention, the International Center for Research on Women (ICRW) is conducting a research grant program that supports descriptive and operations research on ways to reduce women's risk of HIV infection. With

funding from USAID, the research program supports 17 projects throughout the developing world.

Research teams have collected important data on beliefs, attitudes and experiences with regard to sexuality, condom use, gender roles and relationships, partner communication, fidelity and domestic violence. Preliminary findings from these studies illustrate the many constraints women face in protecting themselves from HIV infection. Interviews with women worldwide revealed a number of barriers to condom use. For example, some women said that discussing condom use with their partner raises the suspicion of infidelity, which can provoke violence; others said discussing condoms necessitates discussing sex, which is considered taboo.

The studies also have highlighted opportunities for educating and empowering women through support and discussion groups and by using powerful women as sources of influence in communities. Using results from the formative research phase, interventions and educational materials may be developed and tested to identify ways of reducing women's risk of HIV infection.

community norms and social networks is important because these social and cultural factors can support or impede the success of prevention efforts.

Condom social marketing—a technique that increases condom demand among target populations through advertising and public promotions—is an approach to AIDS prevention that holds great promise. Over the last five years, vigorous condom campaigns in countries in which condom use was once rare have been a huge success. USAID's experience in condom social marketing has shown that the systematic marketing of high-quality condoms at affordable prices and intensive use of available mass media channels can provide great numbers of people with the means to protect themselves from HIV/AIDS.

The combined experiences of the past five years indicate that coordination is vital to the success of prevention programs. Greater internal integration of USAID's HIV/AIDS interventions with general development efforts, and closer coordination with HIV-prevention activities of local and international organizations, are critical if USAID's efforts are to succeed over time.

With public sector health budgets already stretched, new public-private sector partnerships are needed to strengthen indigenous capacities and leverage resources so that successful prevention programs will continue to operate over the long term. Effective partnerships should embrace community groups, government ministries and the public and private sectors, as well as external support agencies, donors and the governments of participating countries. Experience has shown that PVOs and nongovernmental organizations (NGOs) have an unequalled capability to effectively reach an array of target populations and to create cost-effective programs.

Open dialogue with leaders and decision makers is crucial to creating the policy environment needed for successfully implementing HIV prevention and intervention strategies. To prevent further spread of HIV/AIDS effectively, we also must understand the underlying societal conditions that create and magnify vulnerability to its acquisition. HIV prevention will not happen without the political and social changes that go along with it. Prevention initiatives should be integrated into all social and political initiatives designed to improve the quality of life.



AIDSTECH/FAMILY HEALTH INTERNATIONAL

A peer health educator discusses AIDS prevention with a woman in Tanzania.

CHRONICLE OF USAID INVOLVEMENT IN HIV/AIDS PREVENTION

October 1985

Joined the Interagency Working Group on AIDS (iwgAIDS) to assess the impact of HIV/AIDS on other countries and U.S. foreign policy.

September 1986

First contributed to the World Health Organization's Special Programme on AIDS (later the Global Programme on AIDS).

April 1987

Drafted USAID policy guidance on AIDS.

September 1987

Launched the AIDS Technical Support Project, a worldwide AIDS prevention and control effort implemented by the AIDSCOM and AIDSTECH programs.

October 1987

Established an HIV/AIDS surveillance database on developing countries that would be maintained and continuously updated by the U.S. Bureau of the Census.

March 1988

Supported the formation of the iwgAIDS Models and Methods Subcommittee to develop models and databases for estimating and forecasting the scope and impact of the AIDS pandemic.

April 1988

Established the HIV/AIDS Prevention in Africa (HAPA) project to develop community-based HIV-prevention activities in the region most affected by the epidemic.

September 1988

Established an agreement with the Centers for Disease Control (CDC) to engage its expertise to help combat AIDS internationally.

September 1988

Assumed leadership of the International Subcommittee of the Federal Coordinating Committee on AIDS to facilitate coordination of U.S. government HIV/AIDS activities in developing countries.

March 1989

Initiated support of the PVO/NGO grants program of the HAPA project to assist international private voluntary and nongovernmental organizations working in the region most affected by the pandemic.

March 1989

Began first USAID country Mission bilateral HIV/AIDS prevention program.

April 1989

Initiated support of the National Council for International Health (NCIH) to assist information exchange and networking among U.S.-based PVOs and NGOs working on AIDS internationally.

July 1990

Formed the STD Diagnostics Network to make available inexpensive, rapid, simple technologies for the detection of sexually transmitted diseases.

August 1990

Established a research grants program in cooperation with the International Center for Research on Women to identify HIV/AIDS prevention strategies for women in developing countries.

November 1990

Undertook an internal review and redesign of the central HIV/AIDS prevention program.

May 1991

Established a set of standardized country-level indicators to measure the impact of AIDS-control programs.

August 1991

Established a partnership with the U.S. Peace Corps to provide AIDS education in eight African countries.

October 1991

Signed a cooperative agreement with Family Health International to implement the AIDSCAP project.

April 1992

Created the Health and Human Resources Analysis for Africa (HHRAA) project to support regional research, analysis and information dissemination relating to HIV/AIDS and STDs.

October 1992

Established an agreement with the International Planned Parenthood Federation/Western Hemisphere Region to support integration of STD/HIV prevention into family planning programs in Latin America and the Caribbean.

December 1992

To date, 11 priority countries have been identified and strategic design activities initiated under the AIDSCAP project.

**Primary Organizations
Involved in USAID's
HIV/AIDS Prevention
Efforts**

Academy for Educational Development, Washington, DC

Center for AIDS Prevention Studies, University of California, San Francisco, CA

Center for International Research, Bureau of the Census, Washington, DC

Centers for Disease Control and Prevention, Atlanta, GA

Family Health International, Research Triangle Park, NC

Futures Group, Washington, DC

Institute of Tropical Medicine, Antwerp, Belgium

International Center for Research on Women, Washington, DC

International Planned Parenthood Federation/Western Hemisphere Region, New York, NY

Johns Hopkins University, Baltimore, MD

John Snow, Inc., Arlington, VA

National Council for International Health, Washington, DC

National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, MD

Ogilvy, Adams and Rinehart, Washington, DC

Peace Corps, Washington, DC

Population Services International, Washington, DC

Program for Appropriate Technology in Health (PATH), Seattle, WA

Prospect Associates, Washington, DC

Tulane University, New Orleans, LA

Uniformed Services University of the Health Sciences, Bethesda, MD

University of North Carolina at Chapel Hill (UNC), Chapel Hill, NC

University of Washington (UW), Seattle, WA

World Health Organization, Global Programme on AIDS, Geneva, Switzerland

World Learning, Inc., Washington, DC



PATH/THAILAND

Thai pharmacist advises customers. Training pharmacists to share AIDS prevention information can boost condom sales and increase correct use of condoms.

Moving into the Future

Initially when AIDS was first recognized, the world responded to a new health crisis. Few understood at the time its extraordinary capacity for growth and its potential to threaten many achievements in health and development and to affect nearly every sector.

While the HIV/AIDS epidemic is still a worldwide crisis, we now must respond to the shifting patterns in the epidemic and begin to place HIV/AIDS within the long-term context of health and development. Moving forward with extensive information, knowledge and a growing base of experience from which to work, USAID is focusing support on comprehensive prevention projects built on programs and partnerships that apply information gained over the past five years. The goal is to decrease the sexual transmission of HIV in a select number of developing countries that can



ARVIND GARG/IMPACT VISUALS

One million people in India have already contracted HIV. The virus is spreading faster in Asia than anywhere else in the world.

USAID's Policy and Strategy

serve as models for prevention on a wider scale. By integrating multiple interventions, USAID hopes to have a greater impact on reducing HIV transmission.

Prevention remains the cornerstone of the USAID HIV/AIDS program. USAID-supported prevention efforts will focus on:

- **Decreasing sexual transmission of HIV by promoting safer sexual behavior** using a range of innovative communication strategies.
- **Increasing condom availability and use** by working with existing family planning programs and contraceptive social marketing programs to promote condom use, as well as encouraging public-private sector partnerships to market and provide condoms.
- **Controlling sexually transmitted diseases** by improving clinical and behavioral interventions, strengthening the capacity of developing countries to manage STD services, and conducting research to improve the design and implementation of STD programs.

To enhance efforts to change sexual behavior, increase condom use and control STDs, USAID-supported interventions will emphasize:

- **Policy support** to give decision makers the information and support they need to develop and sustain policies that will reduce barriers to program effectiveness and create a political and social climate conducive to the success of prevention efforts.
- **Social and behavioral research** to gain a better understanding of high-risk sexual behavior, identify effective ways to change behavior, and develop prevention technologies specifically adapted for use in developing countries.
- **Evaluation** to provide programs with regular feedback about their success in meeting objectives and to ensure that resources are focused on the most effective activities.

To have a significant impact on slowing the epidemic in developing countries, USAID's strategic approach is to concentrate its resources in key countries and develop comprehensive programs in those countries. Countries have been selected for emphasis programs on the basis of epidemiological and sociodemographic characteristics, in-country commitment to HIV/AIDS prevention control, and the presence of USAID Mission or other appropriate staff to support and facilitate the implementation of programs.

A significant proportion of USAID's prevention support will be undertaken through community-based organizations, since they often offer the best capacity to deliver services, especially to hard-to-reach populations. All HIV/AIDS prevention efforts will seek to promote a long-term, broad-based and culturally relevant response.

Implementing the Strategy

The AIDS Control and Prevention Project (AIDSCAP)

The centerpiece of USAID's HIV/AIDS prevention strategy, the AIDSCAP project is designed to support the local capacity of developing countries to prevent and control HIV. In collaboration with USAID Missions, AIDSCAP is working with government agencies, NGOs, universities, the private sector and community groups to mobilize resources and secure community participation in all HIV-prevention programs.

Health and Human Resources

Analysis for Africa

USAID's \$40-million Health and Human Resources Analysis for Africa (HHRAA) project was created recently to identify and address regional issues of highest priority to African governments, private organizations and USAID Missions, and to support research, analysis and information dissemination on these issues. One of the four priority issues is HIV/AIDS and STDs. The project supports work of resident technical advisors to help USAID Missions increase local understanding of critical HIV/AIDS issues, and to improve policy, strategy, resource allocation, project design and implementation decisions.

Under the HHRAA project, the Academy for Educational Development and the Tulane University School of Public Health and Tropical Medicine are working to enhance the analysis, dissemination and use of research findings and to identify priority issues in need of further research and analysis.

Mission-Sponsored Bilateral Programs

USAID Missions will continue to support their own HIV/AIDS prevention projects often in addition to using the technical resources provided by the specific projects discussed above.

Multilateral and Interagency Support and Coordination

USAID will continue to support and coordinate efforts with other agencies involved in HIV/AIDS prevention and control activities. While WHO/GPA has the most experience in responding to the HIV/AIDS epidemic, other multinational organizations, including the United Nations Development Programme (UNDP), UNICEF, the World Bank, and the United Nations Educational, Scientific and Cultural Organization (UNESCO), play major roles as well. USAID's relationship with these agencies will continue to be complementary and reinforcing. In addition, USAID is seeking better coordination and will expand its involvement with current donors in developing programs and services.

Other U.S. government agencies, including the Department of Health and Human Services and the Department of Defense, are carrying out HIV-related activities in developing countries, including epidemiologic and biomedical research. USAID plays a key role in working with these agencies to help coordinate the U.S. government response to HIV/AIDS internationally. This coordination helps prevent duplication of effort and facilitates information exchange between agencies.

The Challenge Ahead

Much has been learned from the first five years of USAID's prevention efforts that has allowed the Agency to refine its approach to prevention. With this knowledge, USAID can develop activities in the future that will have an even greater and longer lasting impact on reducing the spread of HIV infection.

While the Agency has gained experience and had some encouraging results in small-scale projects, the epidemic continues to evolve and presents many future challenges in addition to those already confronted.

As the HIV epidemic evolves, more people with HIV will become ill and require health care and social support. This is already the case in Africa and will soon be the case in other parts of the developing world, affecting countries whose health care systems are already inadequate and overburdened.

The number of women infected with HIV is increasing rapidly. Current prevention strategies that focus on condom use and partner reduction do not adequately address the needs of many women at risk of HIV infection.

The developing world is also confronting an accelerated epidemic of Tb associated with HIV infection. Tuberculosis already has become the primary cause of death in adults with HIV in African countries, and this will likely be the case for many other countries in the developing world. The tremendous social and economic costs of the epidemic will be felt increasingly across the globe.

No one agency or country can face all of these challenges alone. USAID will continue to work with governments, PVOs, NGOs, other bilateral donors and multilateral organizations to meet the many challenges that confront us now and in the future.

USAID will have to be flexible in its response. It will be necessary to continue exploring new approaches to prevention as well as new technologies. It is equally important to look at the broader social context in which HIV/AIDS occurs—the social and economic factors that make some people more vulnerable to infection. Women, for example, will continue to be unable to protect themselves against infection unless issues related to inequalities in social and economic status are addressed. Improving social and economic conditions and reducing dependence on practices such as migration and prostitution will reduce transmission of HIV/AIDS. It also will be critical in the future that USAID integrate HIV-prevention activities into other health and development programs.

Clearly, present and future needs for prevention and care are so great that they will outpace currently available resources. Faced with this challenge, USAID will remain steadfast in its commitment to preventing the further spread of HIV. A world commitment to HIV prevention today can avert human, social and economic costs tomorrow.

World Summary

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INTRODUCTION TO APPENDIX A

USAID continues to fight the spread of HIV throughout the developing world by working with private voluntary organizations (PVOs), community-based groups, nongovernmental organizations (NGOs), health professionals and local governments to support hundreds of HIV/AIDS prevention and control activities in developing countries worldwide.

Appendix A presents a sampling of USAID-funded projects under way in Africa, Asia, and Latin America and the Caribbean in 1992. Three strategies form the cornerstones of these efforts: research and communication to change high-risk behavior; improving prevention, diagnosis and treatment of STDs associated with increased vulnerability to HIV infection; and increasing condom use.

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Africa



Africa Regional Summary		Botswana (1)	Burkina Faso (2)	Burundi (3)	Cameroon (4)	Central African Republic (5)	Côte d'Ivoire (6)	Ethiopia (7)	Ghana (8)	Kenya (9)	Lesotho (10)	Malawi (11)	Mali (12)	Mauritius (13)	Niger (14)	Nigeria (15)	Rwanda (16)	Senegal (17)	South Africa (18)	Swaziland (19)	Tanzania (20)	Togo (21)	Uganda (22)	Zaire (23)	Zambia (24)	Zimbabwe (25)
Condom Supply and Promotion		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Blood Product Safety				■				■	■	■	■						■					■				■
Health Care Financing					■						■							■								
PVO Activities		■	■	■	■	■		■	■	■	■	■	■		■	■	■	■	■	■	■	■	■	■	■	■
Public Information Campaigns		■	■		■	■	■	■	■	■	■	■	■				■	■	■	■	■	■	■	■	■	■
Resident Advisors		■		■	■	■		■	■	■	■				■	■	■	■	■	■	■	■	■			
STD Control		■		■	■			■	■	■	■	■			■	■	■	■	■		■	■	■	■	■	■
Epidemiology and Surveillance		■	■	■	■			■	■	■	■	■	■		■	■	■	■	■		■	■	■	■	■	■
Targeted Behavior Change		■	■	■	■	■	■	■	■	■	■	■	■		■	■	■	■	■	■	■	■	■	■	■	■
Behavior Research		■	■			■	■	■			■		■				■	■		■		■				■
Economic Impact Assessment						■			■																	

Note: Shaded squares may reflect more than one program per country.

CAMEROON

SITUATION ANALYSIS

The first AIDS case in Cameroon was reported in 1985. Today, the primary mode of transmission is sexual intercourse between heterosexuals, and the epidemic primarily affects the young, sexually active population. The ratio of male to female cases is nearly equal. The National AIDS Control Service (NACS) actively supports private sector and community-based interventions targeting groups engaged in high-risk behaviors.

***Reported AIDS Cases:** 2,103
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 390%

Total Population: 12,700,000

Cumulative Incidence: 165.6 per million

*****HIV-1 Seroprevalence in Urban Areas:**

**** Population at High Risk 8.6%-26%

Population at Low Risk 1.1%-2.1%

USAID STRATEGY

USAID works through the AIDSCAP project with the NACS. Cameroon's overall strategy targets prevention through support for information, education and communication programs, condom promotion and distribution, and reduction of STDs.

USAID FUNDING, FY 1992:
\$780,837

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Prevention of Sexual Transmission of HIV

USAID, through the NACS, continues to work with peer educators to stem the transmission of HIV among commercial sex workers (CSWs), their partners and potential clients. A total of 120 CSWs have been trained since the beginning of the project. They undertake prevention activities in STD clinics, bars, hotels and other neighborhood sites in four cities: Douala, Yaoundé, Maroua and Ebolowa. The peer educators also promote condom use and sell condoms through the Cameroon social marketing program to bar and hotel owners and managers, street vendors and market retailers, and in other nontraditional outlets.

Social Marketing of STD Treatment Kits

Population Services International has completed a plan to launch the social marketing of an STD treatment kit through some health service providers. In addition to antibiotics, the treatment kits contain condoms, clinic referral cards and health information material.

Monitoring Rates of HIV and Syphilis

USAID has continued to provide technical and financial support and commodities to the NACS for a national system of HIV and STD sentinel surveillance. Surveillance information collected from pregnant women and STD and Tb patients at health centers in Yaoundé, Douala, Garoua and Bertoua is used to determine program priorities and assess the effectiveness of interventions.

HIV/AIDS Counseling

In 1992, a national AIDS counseling program was developed, complete with three training-of-trainers workshops and a counseling manual. Approximately 100 counseling trainers were trained and the counseling program was evaluated. In addition, an AIDS counseling resource center was established in Yaoundé and equipped with audiovisual materials.

AIDS Education and Training

Save the Children, in collaboration with various other NGOs and the Ministry of Health in Far North Province, conducted four workshops to train more than 300 trainers in the skills and facts needed to limit the spread of HIV. An estimated 24,000 people were reached in turn by these trainers. This project also distributed more than 100,000 condoms and developed posters for public display.

Quality Assurance in HIV Testing

In 1992 work was completed on the development of a quality assurance program for HIV testing. Laboratory inspections and proficiency testing were conducted in more than 30 public and private hospitals. This quality assurance program includes approximately 70 percent of laboratories performing HIV testing in Cameroon. The system not only improves the quality of testing, but instills confidence in the blood screening program and identifies ways to improve it.

Condom Social Marketing

Approximately 5 million condoms were sold through a social marketing program in FY 1992. An estimated 20 percent of these condoms were sold by peer educators to people engaged in high-risk behaviors.

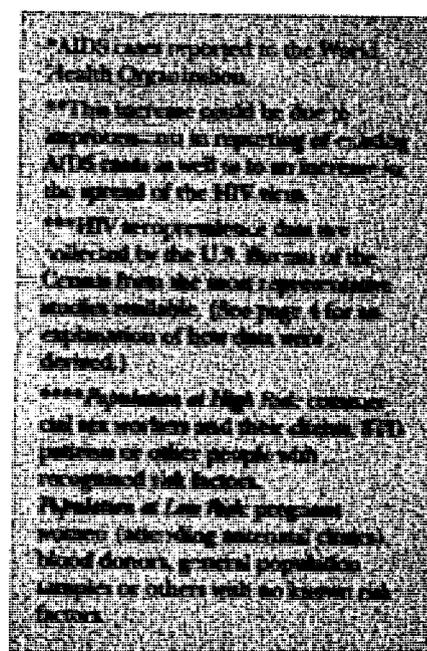
Strategic and Implementation Plan

A four-year AIDSCAP strategic and implementation plan for Cameroon was completed in October 1992. Under this plan, successful projects will be expanded to reach more groups engaged in high-risk behavior and new projects will be implemented in additional geographic locations.

CÔTE D'IVOIRE

SITUATION ANALYSIS

Although an intensive AIDS information campaign was conducted in 1988-89, AIDS prevention activities were not subsequently carried out. HIV seroprevalence is increasing, with both HIV-1 and HIV-2 strains of the virus present. AIDS has become a priority public health problem. Since 1991, national authorities have been involved in four major HIV/AIDS activities: organizing a national AIDS week; creating a budget line for AIDS initiatives; authorizing condom sales outside of pharmacies; and nominating a new national HIV/AIDS coordinator.



***Reported AIDS Cases:** 10,792
(Date of last report: 9/30/92)

****Increase over 1991 Report:** 30%

Total Population: 13,000,000

Cumulative Incidence: 830.2 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 18.4%-62.5%
Population at Low Risk 10.5%-14.8%

USAID STRATEGY

The HIV/AIDS prevention component of the Health and Family Planning Project includes four interrelated elements: 1) institutional development of ESPOIR-CI, an indigenous NGO, to support community-based interventions; 2) development of two HIV/AIDS Information Support Centers; 3) information, education and communication support to provide information on available HIV prevention and control options, motivate behavior change, and promote appropriate testing and counseling; and 4) a condom supply management program to ensure an adequate and reliable supply of condoms. As part of the condom program, commercial distributors, community leaders and counselors are trained to inform, motivate and promote behavior change among potential clients and target populations. In addition, key professionals are being trained in operations research and policy development.

USAID FUNDING, FY 1992:
\$2,590,354

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Condom Social Marketing

A U.S. PVO, Population Services International, is implementing a condom social marketing program that promotes condom use among the general population as well as those engaged in high-risk behaviors, such as commercial sex workers.

Institutional Development of an Indigenous NGO

ESPOIR-CI conducts community-based HIV prevention interventions and provides anonymous HIV testing and counseling in a center in Abidjan, the first such facility in West Africa. More than 27,000 clients are expected to be tested within the next three years. Counseling service units will also be established at major health facilities in Abidjan, and 10 municipalities will be covered by counseling services located in mayors' offices. Operations research will be conducted to determine whether testing and counseling can change sexual behavior and reduce the spread of STDs.

Modeling of the AIDS Epidemic

Through the AIDSCAP project, USAID is furnishing technical assistance to the national AIDS committee to develop a modeling project. The project will use the results of the 1988 National Census, the seroprevalence study of 1989, and pilot studies conducted by the Centers for Disease Control and Prevention's RETRO-CI project and the Institut National de Santé Publique to estimate the impact of AIDS in Côte d'Ivoire from now until the year 2028. These estimates will help decision makers select the most effective interventions and determine the resources required.

Research: Seroprevalence, Sexual Behavior and Economic Impact

Specialists from the University of Abidjan are conducting three USAID-funded HIV/AIDS studies. One study aims to establish the HIV seroprevalence rate among youth in three secondary schools in the country's interior. Another study will assess the impact of AIDS on major enterprises in Abidjan, and a third will provide information about the sexual behavior of youth and young adults in the capital city.

Nationwide HIV/AIDS Information, Education, Communication

A multimedia campaign was planned to provide AIDS information, increase awareness of risky personal behaviors and promote safer sexual behavior. Local advertising firms will be invited to bid on developing educational radio, TV and press spots as well as printed materials aimed at the general public.

GHANA

SITUATION ANALYSIS

The commercial sex industry and a tendency toward multiple sex partners, particularly among men, remain major factors in the continuing increase in HIV/AIDS incidence in Ghana. However, the spread of the disease into the general population, particularly among people between the ages of 15 and 39, is now perceived as having much greater significance than in previous years.

***Reported AIDS Cases:** 4,248
(Date of last report: 9/31/92)

****Increase over 1991 report:** 49%

Total Population: 16,000,000

Cumulative Incidence: 225.8 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 8.6%-37.5%
Population at Low Risk 1.0%-2.2%

USAID STRATEGY

The information, education and communication (IEC) campaign begun in 1991 as a general outreach in AIDS prevention education continued in 1992. The campaign targets the general population, with emphasis on youth, both in and out of school, groups engaged in high-risk behaviors, and the military. Preventive behavior is stressed, particularly using condoms and reducing the number of sex partners.

USAID FUNDING, FY 1992:
\$810,683

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Intervention with Commercial Sex Workers

A pilot program begun in coordination with the Ministry of Health continued during FY 1992 with IEC campaigns directed at commercial sex workers (CSWs). These campaigns, which emphasize condom use, have found that at least some CSWs continue to use condoms even though they must be purchased. A greatly expanded network for disseminating IEC materials, including hotels, bars and other establishments and areas frequented by clients of CSWs, was planned. In addition, education programs using commercial sex workers as peer educators in AIDS prevention began.

Assistance to Ghana Armed Forces

The Ghana Armed Forces has designed and implemented a comprehensive AIDS/STD prevention program for soldiers. One of only a handful of education campaigns directed specifically at men, this program may serve as a prototype for HIV/AIDS outreach efforts to soldiers in other countries. During regular health forums at each of Ghana's seven military garrisons, health officers receive training, educational materials are distributed, and condom use is promoted. Soldiers play games and take quizzes about HIV transmission during social activities. Under the project STD services have been improved, about 100,000 condoms sold, and many educational and promotional materials developed, pretested and distributed in cooperation with a local marketing firm. A U.S. government report found that Ghanaian troops in Liberia as part of a regional peacekeeping force were the only national forces who had access to a comprehensive HIV/AIDS program, including HIV screening, diagnosis, IEC and condom distribution.

National AIDS Control Program (NACP)

Work continued with the NACP and the Health Education Division, both of the Ministry of Health. The NACP continued preliminary screening of groups practicing high-, medium- and low-risk behaviors. A multimedia campaign targeting the general public, with special emphasis on youth in and out of school, was initiated. In conjunction with this project, a school outreach program was completed at the end of the 1992 spring term. Preliminary analysis of the initial and follow-up knowledge, attitudes, practices and beliefs surveys showed a significant increase in the percentage of those who said they had heard about AIDS on radio and television. More than half of the respondents mentioned AIDS as one of the three most serious diseases affecting young people.

Additional Initiatives

A three-year project to be conducted in collaboration with the Futures Group, International Science and Technology Institute and Johns Hopkins University will consist of three components: 1) improving the national laboratory infrastructure to ensure accurate and reliable HIV testing capabilities; 2) a broad-based AIDS information, education and communication campaign; and 3) an intensive social marketing program that will market condoms for HIV protection as well as contraception.

KENYA

SITUATION ANALYSIS

HIV is spread primarily through heterosexual contact in Kenya. The country's seaports, major trucking routes and fast-growing cities attract populations particularly susceptible to the risk of HIV infection. Sentinel surveillance data from antenatal clinics suggest that the epidemic, once concentrated among those engaged in high-risk behaviors, has moved into the general sexually active population. Men who migrate to urban and semi-urban areas to find work are often separated from their spouses for months, frequent commercial sex workers (CSWs) while away, and are potential transmitters of HIV to their wives and future children when they return home. This not only facilitates the spread of infection to rural areas but also increases prevalence among those who may not be engaged in high-risk behaviors.

*Reported AIDS Cases: 31,185
(Date of last report: 10/1/92)

**Increase over 1991 report: 241%

Total Population: 26,200,000

Cumulative Incidence: 1,190.3 per million

***HIV-1 Seroprevalence in Urban Areas:

****Population at High Risk 44.7%-85.5%
Population at Low Risk 13.0%-15.8%

USAID STRATEGY

USAID HIV/AIDS activities, which focus primarily on education, counseling, and condom promotion and distribution to contain the spread of HIV/AIDS, emphasize building on existing institutional networks to reach targeted populations. Prevention services primarily target those who engage in high-risk behaviors (CSWs and STD clinic clients), but also address family planning and maternal and child health clinic attendees whose sexual partners may be at risk of HIV infection. Assistance with policy-level interventions, such as assessing the current and future economic impact of HIV/AIDS, has been initiated. In September 1992, Kenya was selected as one of 15 AIDSCAP priority countries and an AIDSCAP team was asked to assist the Mission and the Government of Kenya in developing a strategic/implementation plan.

USAID FUNDING, FY 1992:
\$2,140,488

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Assessing the Economic Impact of AIDS

A USAID-supported assessment found that there could be 24,000 to 53,000 additional tuberculosis cases each year by 1995 and about 500,000 to 1.1 million AIDS orphans by the year 2000. The total direct and indirect cost of AIDS in 1991 was about \$310 million, an estimated 2 percent to 4 percent of Kenya's gross domestic product (GDP). By the year 2000 the annual discounted direct and indirect costs of AIDS cases could equal 6 to 15 percent of Kenya's GDP.

Establishing Data Management Systems for the NACP

USAID worked with the Kenya National AIDS Control Programme to design and install a management information system to track and coordinate HIV/AIDS prevention activities nationwide. A computerized system for collecting, analyzing and reporting information about HIV/AIDS,

including reported AIDS cases and data from sentinel surveillance and blood banks, was also developed.

Outreach in Communities, Clinics and the Workplace

Health workers from Coast Province and the municipality of Mombasa developed and implemented an AIDS education and prevention program for four target groups: STD clinic clients, CSWs, CSWs' clients, and workers in the workplace. They trained 23 health workers from four clinics in counseling for STD/AIDS prevention. Nine home-based CSWs, 12 bar-based CSWs and employees, and 27 workers from five work sites were trained as peer educators. In addition, the health workers held a two-day AIDS education workshop for 11 managers of work sites and bars. With assistance from the Program for Appropriate Technologies in Health (PATH), they developed two posters and a booklet for use in bars and nightclubs and a pamphlet targeting male workers. A total of 90,000 pieces of educational material were printed, half in English and half in Kiswahili. More than 36,000 educational contacts were made through project activities and 171,400 condoms were distributed. The Kenya Port Authority, with a work force of 10,000, continued support for training and other AIDS prevention activities after project funding was terminated.

*AIDS cases reported to the World Health Organization.

**This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

***HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)

****Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

Strengthening STD Services in Nairobi

Crescent Medical AID (CMA) is a nonprofit charitable organization operating a pharmacy and eight clinics serving the urban poor in and around Nairobi. In 1991, approximately 25 percent of the clinic visits were STD-related. USAID has supported training for CMA's 37 clinic and laboratory staff in prevention, diagnosis and treatment of STDs and has upgraded laboratory facilities for STD diagnosis. Twenty-six community-based workers were trained in STD prevention education and counseling. Clinical evaluation guidelines were developed to observe and evaluate STD clinic practice, followed by on-site technical assistance to improve diagnosis and treatment. An estimated 1,064,000 condoms were distributed through STD/AIDS prevention activities during the 12-month project.

Integrating AIDS/STD Prevention with Family Planning

Family Life Promotion Services (FLPS) is funded by the Center for Development and Population Activities to provide family planning services to low-income employees, including CSWs, in central Nairobi communities. USAID supported efforts to integrate AIDS education, counseling and referrals into FLPS's family planning education and service delivery program. Five FLPS staff members and 65 volunteer community-based distributors were trained in basic HIV/AIDS prevention and counseling. They reached approximately 43,000 people with information and distributed 150,316 condoms at 154 sites.

AIDS Prevention Materials for STD and FP/MCH Clinics

PATH worked with Kenya's Ministry of Health to develop AIDS educational materials for use with men in STD clinics and women attending family planning/maternal and child health clinics. Two sets of six posters, with accompanying flip charts and audiocassettes in nine languages, were pretested, and 2,000 poster sets with 350 flip charts were supplied to more than 250 clinics. Locally made solar-powered cassette players and tapes were distributed to 78 clinics.

Promoting Condom Use Among Young Adults

A six-month AIDS prevention advertising campaign developed by Population Services International and the local office of an international advertising firm, McCann-Erikson, helped integrate AIDS prevention into Kenya's family planning condom social marketing program. Cartoon books were developed in Kiswahili to promote safer sex and condom use, and 150,000 copies were distributed through bars, nightclubs and agricultural shows. A comic book targeted to truck drivers was printed in Kiswahili and distributed in collaboration with UNICEF and two major oil companies. Each of these 10,000 comic books contained a condom.

USAID STRATEGY

USAID increased its support to AIDS control in Malawi through the Support to AIDS and Family Health (STAFH) project begun at the end of FY 1992. Under the STAFH project, which will provide an estimated \$3 million per year for AIDS activities for the next six years, the Mission will combine all support to AIDS and family planning programs. Family planning and AIDS will be integrated wherever feasible. Communication for behavioral change, condom promotion and STD control will be the primary interventions, and they will focus on four target groups: youths, employed men, high-risk women and STD patients. Bringing AIDS-related education into the classrooms at all levels and reaching out-of-school youth with HIV/AIDS information, education and communication will continue to be a priority. PVOs and NGOs will receive or directly benefit from an estimated 20 percent of STAFH's budget for AIDS control activities.

USAID FUNDING, FY 1992: \$3,129,032

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

AIDS Education in the Schools

After three years of research and preparation, more than 250,000 HIV/AIDS prevention textbooks were distributed in primary, secondary and advanced schools throughout Malawi. Monitoring of in-school AIDS education indicates that despite official support for AIDS education, many school officials, teachers and community leaders remain reluctant to see topics such as sexuality and AIDS prevention introduced in the schools. To ensure that HIV/AIDS prevention messages are transmitted in the schools, STAFH will sponsor teacher training and workshops for local officials to enlist their support. Peace Corps volunteers and health and education inspectors will monitor AIDS education activities in schools and for youth groups.

Reaching Adolescent Girls in Rural Villages

A behavioral research project conducted by the Johns Hopkins University (JHU) researchers and supported through the International Center for Research on Women is examining the level of HIV/AIDS/STD knowledge among adolescent girls in four rural villages, the information about sexuality and sexual health delivered by traditional advisors (*nankungwi*), and how this information is communicated to village girls. The findings will be used to design a pilot intervention for girls that uses the *nankungwi* as HIV/AIDS/STD educators.

MALAWI

SITUATION ANALYSIS

Malawi is one of the countries in East Africa most seriously affected by HIV/AIDS. High seroprevalence rates among urban pregnant women indicate that the HIV infection has spread beyond groups engaged in high-risk behaviors. One factor in the spread of HIV may be the agricultural base of the economy, which creates a seasonal, migratory labor force. Moreover, the presence of more than 1 million refugees in the country compounds the difficulty of controlling the epidemic and developing appropriate, effective HIV/AIDS and STD interventions.

***Reported AIDS Cases:** 26,955
(Date of last report: 12/31/92)

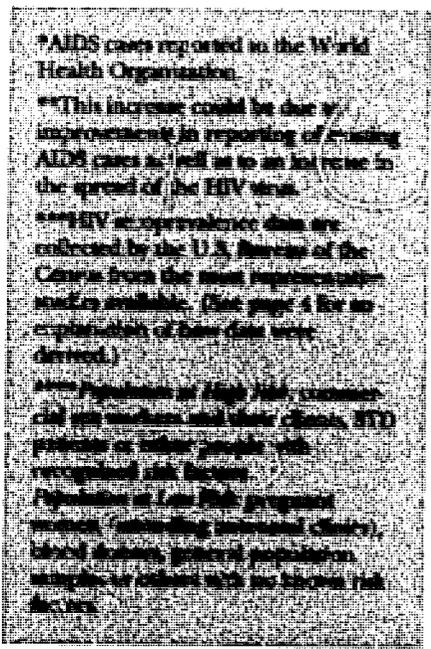
****Increase over 1991 report:** 123%

Total Population: 8,700,000 plus 1,100,000 refugees

Cumulative Incidence: 2,750.5 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 26.0%-62.4%
Population at Low Risk 9.7%-23.3%



HIV and STD Counseling and Treatment

Research conducted by JIU and the Ministry of Health at Queen Elizabeth Hospital in Blantyre provides a longitudinal assessment of HIV/AIDS and STDs among some 6,500 urban mothers. Researchers from JIU and other U.S. universities are investigating the etiology of STDs and drug efficacy. Efforts to upgrade STD counseling and treatment at the hospital continue, with plans to develop and extend the use of treatment algorithms and appropriate drugs. Seroprevalence studies from rural districts in 1992 also indicate areas where STDs pose a special problem and merit intervention.

Surveillance and Modeling of the AIDS Epidemic

A pilot study of 10 rural districts found a seroprevalence ranging from 2 percent to 15 percent among adults attending the district clinic on two successive days in July 1992. These results are consistent with an estimate of 8 percent seroprevalence among rural adults. The study will be repeated annually. With technical assistance and support from AIDSTECH in FY 1992, the Ministry of Health developed AIDS projections using computer modeling techniques. Surveillance and modeling work will continue with assistance from the Mission's STAFH project and AIDSCAP, with a resident team expected in March 1993.

AIDSCAP Priority Country Program

USAID, with the assistance of AIDSCAP, designed a new STAFH bilateral project to address AIDS and family planning needs in Malawi. AIDSCAP will work with the Ministry of Health AIDS Control Program in Malawi to implement the HIV/AIDS control component of this six-year national health project. Most STAFH funds are reserved for private sector initiatives in AIDS education and control, with provision for direct grants to NGOs and PVOs executing AIDS programs. Project activities will include increased social marketing of condoms, more education and communication activities in schools, strengthened STD diagnosis, treatment and prevention programs, and expanded services delivery in private institutions and at the community level. Major target groups will include youth in and out of school, employed men, male STD patients, and bar owners and commercial sex workers in bars in three urban and six semi-urban areas.

Education and Counseling Through Religious Leaders and Traditional Advisors

In collaboration with Christian Health Association of Malawi, Project Hope has trained religious leaders in HIV/AIDS prevention, preparing them to provide education and counseling services. To date, more than 1,000 religious leaders have participated in week-long training seminars. In 1992, as a result of a special effort to reach the Muslim population, 432 Muslim leaders were trained; training was also provided to youth leaders and women's groups. In addition, Project Hope is assisting the Ministry of Health in extending training to peer educators at urban and rural work sites such as factories and agricultural estates.

NIGERIA

SITUATION ANALYSIS

Nigeria, with Africa's largest population, is in an early stage of the epidemic. Reported AIDS cases are concentrated in urban areas of the country; however, underreporting and misdiagnosis are thought to be problems. Although the country as a whole is still in the initial phase of the epidemic, there are some reports of a dramatic increase in the rate of infection: in one region, seropositivity rates of over 50 percent have been reported among commercial sex workers (CSWs). The nation has a long tradition of PVO activity in the health sector. Nigeria, like much of Africa, struggles with a deteriorating infrastructure and a rapidly growing young population.

***Reported AIDS Cases:** 532
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 533%

Total Population: 90,100,000

Cumulative Incidence: 5.9 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 3.9%-12.8%
Population at Low Risk 0.2%-1.0%

USAID STRATEGY

USAID works through AIDSCAP, continuing a relationship established under the joint AIDSCOM-AIDSTECH projects. The cornerstone strategies are controlling STDs, promoting use of condoms (currently A.I.D. is the primary supplier of condoms in Nigeria), and providing behavioral incentives to limit the number of sex partners. Subgroups of the population engaged in high-risk behaviors, including CSWs, long-distance truck drivers and military conscripts, will be the focus of many early interventions. Programs will be concentrated in three states: Lagos, Cross River and a state to be confirmed. USAID also will obtain technical assistance from the Centers for Disease Control and Prevention in HIV and STD surveillance. These surveillance activities will be coordinated with the AIDSCAP Project.

USAID FUNDING, FY 1992:
\$3,276,034

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Calabar (Cross River State) CSWs Project

In 1992 programs initiated under the AIDSTECH project continued while major interventions to be coordinated by AIDSCAP were being planned. The largest continuing project, which began in 1989, has provided HIV/AIDS education to nearly 1,300 CSWs and 2,500 of their partners. At the project's onset, 25 percent of the CSWs had never used condoms; after one year of intervention, this figure fell to less than 3 percent. The project distributed 500,000 condoms during that year. Under AIDSCAP, this program will be expanded to include counseling, support groups, peer outreach and education and will reach 6,000 CSWs and 100,000 of their partners.

Research Among Female University Students

The International Center for Research on Women administers a USAID-supported research project conducted by researchers at the University of Ibadan to motivate and foster HIV/AIDS-prevention behaviors among female university students. Information from focus group discussions on dating, partner communication, sexual decision making and HIV/AIDS/STDs will be used to design a questionnaire for interviewing female students. Results from the interviews and focus groups will be shared with participants and other university women to stimulate the development of a campus women's alliance for HIV/AIDS/STD prevention.

Reaching Long-Distance Truck Drivers In Kano and Cross River

Africa's intercontinental highway system has proven a principal means by which HIV is spread from one locale to another. While STD rates among Nigerian truckers have been alarmingly high, this has not been the case with HIV, suggesting that immediate, highly focused interventions may succeed in protecting many Nigerians from HIV infection. A new project designed in 1992 will use the existing network of Nigerian PVOs to reach union leaders, management and other labor leaders as well as truckers in motorparks in Kano and Cross River. Technical assistance will be provided by Africare, one of the most active PVOs in AIDS education in Nigeria. Free condoms will be provided for introduction and demonstration purposes.

Intervention with the Nigerian Military

The Nigerian Armed Services have developed a work plan to implement AIDS prevention and control activities in all branches of the military. AIDSCAP will provide technical assistance and education related to policy and condom social marketing. The new project will fund leadership workshops and a curriculum for peer counselors, as well as technical assistance in improving diagnostic, managerial and preventive programs in STD clinics. Technical consultants participating in the program have experience in implementing similar interventions with the Ghanaian armed services.

Strategic and Implementation Plan

A team of programmatic and technical experts from AIDSCAP worked with the USAID Mission and National AIDS Control Program staff to develop a strategic and implementation plan for AIDS prevention and control over the next five years. A resident advisor and technical and support staff have been hired to implement the program.

SENEGAL

SITUATION ANALYSIS

The epidemic of HIV/AIDS is in an early but potentially explosive phase in Senegal. Not only is the country contending with a growing epidemic of HIV-1, but there is also considerable HIV-2 infection. Since 1986 scientists from the Ministry of Health, the United States and various European nations have conducted research to define the level and scope of HIV-1 and HIV-2 infection in selected populations throughout Senegal. These studies have advanced scientific understanding of the differences in disease progression between the two viral strains and have documented the similarities in the sexual transmission of those strains. The rate of HIV infection in the general population of Senegal is still relatively low, while rates among groups engaging in high risk behaviors continue to increase.

***Reported AIDS Cases:** 648
(Date of last report: 3/9/92)

****Increase over 1991 Report:** 17%

Total Population: 7,900,000

Cumulative Incidence: 82.0 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 2.0%-7.3%
Population at Low Risk 0.1%-0.3%

USAID STRATEGY

Since 1985, USAID has provided more than \$2 million in support of AIDS prevention and control efforts in Senegal, primarily through the Mission's Family Health and Population Project. The Mission intends to build on these efforts. In June 1992, USAID/Senegal developed a project to provide comprehensive assistance to the National AIDS Prevention Program. The project's purpose is to reduce high-risk behaviors within target groups and strengthen delivery of services to reduce the spread of HIV and other STDs. The major objective of this project will be to create maximum awareness among the citizens of Senegal of the dangers of contracting this preventable but currently incurable disease.

USAID FUNDING, FY 1992:
\$3,706,780

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Senegal AIDS Control and Prevention Project

Working with AIDSCAP, the Mission initiated an HIV/AIDS prevention project to reduce the rate of sexually transmitted HIV infection among groups whose behavior places them at high risk of infection. HIV/AIDS prevention activities are just beginning in the four regions of Senegal with the greatest potential for spread of the epidemic: Dakar, Kaolack, Ziguinchor and Thies. The project will focus primarily on urban populations, with possible expansion of successful interventions to peri-urban settings or different geographic settings.

Preventing Sexual Transmission of HIV

USAID has contributed funding for behavior change communication, STD control and condom promotion. To promote behavior change, radio and television spots were broadcast; posters and press releases distributed; conferences sponsored; sporting and cultural events organized; and meetings held to involve political, administrative and religious leaders. Six STD and four HIV/AIDS sentinel surveillance sites have been established to help control STDs. In addition, more than 1,000 CSWs have been followed by STD clinics and laboratories, and STD algorithms have been developed for health workers. Since 1985, USAID has provided the National AIDS Prevention Committee with more than 5 million condoms, which were distributed to CSWs, STD patients and to young people during events such as National AIDS Day.

TANZANIA

SITUATION ANALYSIS

Tanzania's HIV/AIDS epidemic is severe and moving quickly from groups engaged in high-risk behaviors in urban settings to the general population, mostly through heterosexual contact. Estimated HIV seroprevalence is between 3 and 5 percent of the total population and is 10 to 20 percent among sexually active individuals. The impact on children is severe: it is estimated that the number of orphans will exceed 500,000 by the end of the decade.

***Reported AIDS Cases:** 38,416
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 40%

Total Population: 27,400,000

Cumulative Incidence: 1,402 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 19.3%-42.9%
Population at Low Risk 8.9%-12.0%

USAID STRATEGY

Interventions target groups engaged in high-risk behaviors, including transport workers, factory workers, commercial sex workers (CSWs) and young adults. USAID is strengthening the capacity of NGOs to carry out prevention interventions and is increasing support for STD control services. USAID interventions also focus on private sector initiatives, including work site AIDS education and social marketing. In 1992 USAID donated more than 25 million condoms to the National AIDS Control Program (NACP).

USAID FUNDING, FY 1992:
\$2,573,348

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

AIDS Education and Condom Distribution Among Transport Workers

A multiyear campaign designed to promote safer sex among transport workers and CSWs along the Tanzania-Zambia highway is operating at six truck stops, a brewery and an interfreight trucking company. Established by the African Medical and Research Foundation (AMREF) and NACP, the project trains peer educators to supply condoms and AIDS prevention messages to hotel owners, CSWs, barmaids, gas station attendants and truck drivers. To date, more than 5 million condoms have been distributed. Research indicates that the project has led to increased demand for condoms among transportation workers and their sex partners: The number of men and women who report using condoms has increased from less than 50 percent before the project began to 74 percent of men and 91 percent of women afterward. A growing number of truck drivers refuse to stay in hotels that do not supply condoms, and more women are demanding that their sex partners use condoms. AMREF and NACP have added project activities to provide STD services for clients at high risk of transmitting HIV and other STDs.

In-Depth Study of Truck Stop Social Networks in Tanzania

Researchers have collected qualitative data at four stops on a major Tanzanian trucking route in an effort to define the pattern of commercial sex interactions. The findings are helping to determine the most effective ways to initiate behavior change among CSWs and transport workers along the route.

Comparative Evaluation of Trucker Interventions

A comparative evaluation of interventions targeting transport workers along the major truck routes in Tanzania and Kenya was conducted. The analysis of these two East African projects suggests that success depends primarily on the initiative, leadership qualities and interpersonal skills of the peer educators.

AIDS Education in the Workplace and Prevention Counseling

The Organization of Tanzanian Trade Unions (OTTU) and an umbrella group of NGOs (TACOSODE) are providing education and support for behavior change for 40,000 people at industrial and service sector workplaces and through community organizations. More than 100 peer educators have been trained in program design and HIV/AIDS counseling conducted during on-site educational activities. The trained peer educators have reached more than 45,000 individuals since 1990 and have distributed over 3 million condoms. Prevention counseling was offered through WAMATA and other grassroots NGOs.

Women and AIDS Operations Research

As part of USAID's cross-regional efforts to develop programs targeting women, OTTU designed a skills training curriculum for Tanzanian women working at an insurance company. The curriculum is based on quantitative and qualitative data collected from 250 women working at an insurance company who were queried about their normative and behavioral beliefs about discussing sexual behavior and HIV/AIDS prevention. More than 100 female employees and 50 of their sexual partners participated in six days of training based on this curriculum, which focused on empowering women with the communication skills to negotiate for safer sex and providing a social support system to help each woman influence her partner's sexual behavior.

Counseling and Support for Persons with AIDS

WAMATA continued to support counselors and volunteers who provide services to people with AIDS and their families and friends. Since 1990, more than 2,000 people have been reached through WAMATA's counseling sessions and visits to homes, hospitals and offices.

STD Education for Pharmacists

Pharmacists play a major role in the health care of people with STDs, who often seek treatment at pharmacies instead of medical clinics. USAID is assisting the Muhimbili Medical Center in determining what pharmacists and pharmacy workers know about STDs and in helping them better understand their roles in STD prevention and treatment. The goal of this pilot education project is to enhance the ability of Dar-es-Salaam pharmacists to provide information on HIV/AIDS and infection and treatment for STDs. By the end of 1992 all 53 commercial pharmacies in Dar-es-Salaam had been reached through the project, and training had significantly improved pharmacists' knowledge about STDs.

***AIDS cases reported to the World Health Organization.**

****This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.**

*****HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)**

******Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.**

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

Social Marketing of Condoms

Financial and technical assistance from USAID has led to the development of locally packaged commercial condoms and a campaign to promote the product. A local public relations firm and a distributor are marketing "Salama" ("safe" in Kiswahili) condoms. Promotional posters, stickers and brochures are placed daily in the local newspaper, and radio spots ran twice a day on Radio Tanzania from October to December 1992. Salama condoms are sold primarily in Dar-es-Salaam in pharmacies and in some shops, bars, hotels and social clubs.

UGANDA

SITUATION ANALYSIS

HIV/AIDS has hit Uganda especially hard. After years of civil strife and devastation, the country is working hard to recover. The AIDS pandemic not only strains the country's weakened economic and social systems, but also diverts financial and human resources from rehabilitation of the country's infrastructure and productive enterprises. The Ugandan government has adopted an exceptionally open attitude, confronting the health and social consequences of the epidemic and encouraging innovative responses to the crisis.

***Reported AIDS Cases:** 38,522
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 27.6%

Total Population: 17,500,000

Cumulative Incidence: 2,201 per million

*****HIV-1 Seroprevalence in Urban Areas:**
******Population at High Risk** 41.0%-52.0%
Population at Low Risk 15.0%-29.5%

USAID STRATEGY

USAID's strategy in Uganda emphasizes voluntary behavior change, HIV testing and counseling, STD control, and training of various levels of professional and lay personnel in HIV/AIDS prevention. The Mission provides funding and technical assistance to both governmental and nongovernmental efforts to prevent HIV infection and to deal with the social consequences of the AIDS epidemic. Working in collaboration with governmental institutions, USAID supports Uganda's multisectoral AIDS Commission and AIDS Control Programs, implemented by the Ministry of Health and the Ministry of Defense. USAID also supports a range of interventions designed and implemented by local PVOs and the commercial sector.

USAID FUNDING, FY 1992:
\$2,471,740

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Anonymous HIV Testing and Counseling

More than 70,000 Ugandans have received HIV testing and counseling through an AIDS information center founded in 1990 with USAID technical and financial support. An evaluation of the services provided by the center, which was the first anonymous testing and counseling center in sub-Saharan African, showed that they helped encourage behavior change among clients. (See p. 18.)

Initiatives with Religious Organizations

USAID provided technical assistance and funding to religious groups initiating HIV/AIDS prevention projects. Protestant and Islamic groups are training ministers and imams in pilot districts, teaching them communication and counseling skills as well as the facts about HIV/AIDS. Once trained, these religious leaders then train lay workers in their churches and mosques, who consistently make contact with families in their areas. Many religious leaders in Uganda remain opposed to condom promotion campaigns, but these projects have opened a positive dialogue between religious leaders and public health experts. Most religious leaders involved in the project have now agreed to allow condom education. Other sensitive practices that carry risk of HIV transmission, such as polygamous marriage, circumcision and ablation of the dead, are being explored in a spirit of candor and collaboration.

AIDS in the Private Sector

To complement the government's multimedia public awareness campaigns and other nationwide education programs, USAID supports initiatives by local PVOs to promote safer sexual behavior. For example, in collaboration with the Federation of Uganda Employees and World Learning, Inc., USAID supports a peer education program that has reached an estimated 500,000 workers at a variety of companies and organizations. In addition, over 200 community groups, churches, schools and other institutions have requested training for their members. To date, more than 400 individuals have been trained as AIDS educators and trainers, and an additional 8,000 peer educators have received training in counseling techniques and condom promotion. Twelve full-time trainers carry out these training activities

and supervise peer educators. Trainers and peer educators have distributed more than 3 million condoms and more than 100,000 copies of a popular comic book using a local cartoon figure, *Ekanya Shocked Into Sense*. Findings of a recent evaluation indicated that the combination of contact with peer educators, attendance at talks about AIDS and viewing the dramatic film, *It's Not Easy*, is associated with improvements in knowledge, a decrease in discriminatory attitudes and an increase in condom use.

Living Positively with AIDS

With USAID support, the AIDS Support Organization (TASO) has trained more than 150 Ugandans in HIV prevention and AIDS counseling. The community organization uses an innovative approach that emphasizes "living positively with AIDS" and teaches HIV-positive people and their families how to prevent further HIV transmission. TASO has also started a rural outreach project combining HIV prevention, condom distribution and community-based support for people with AIDS.

ZAMBIA

SITUATION ANALYSIS

Zambia is one of the African countries most affected by HIV. An estimated 20 to 25 percent of sexually active adults in urban areas are HIV positive. Seroprevalence among pregnant women, blood donors and new STD clinic patients is extremely high. People with STDs are particularly at risk, with infection rates among them ranging from 30 percent to over 68 percent. At least one-third of hospital inpatients have AIDS-related diseases. The pandemic further threatens the country's economic stability — which already suffers from a shortage of trained personnel — because HIV infection frequently occurs among the more productive, educated segments of Zambian society.

***Reported AIDS Cases:** 6,556
(Date of last report: 10/15/92)

****Increase over 1991 Report:** 13%

Total Population: 8,400,000

Cumulative Incidence: 780.5 per million

*****HIV-1 Seroprevalence in Urban Areas:**
******Population at High Risk** 33.0%-54.0%
Population at Low Risk 24.5%-30.0%

USAID STRATEGY

The Mission supports the government of Zambia's (GRZ) countrywide strategy developed by the National AIDS Prevention and Control Program (NAPCP). To reduce the incidence of HIV transmission, USAID designed an HIV/AIDS prevention project that will finance technical assistance, training and commodities through the Ministry of Health and various PVOs and NGOs. The main project activities, which will begin in FY 1993, include public health education targeted at workers, youths, traditional healers and the media; voluntary HIV testing and counseling; condom social marketing; STD control; and policy development.

USAID FUNDING, FY 1992:
\$5,556,600

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Radio Soap Opera and Counseling Video

Weekly broadcasts of the AIDS-oriented radio drama, *Nshlakamona*, which began in late August 1991, continued in 1992. This serial drama was developed based on research findings conducted in Copperbelt and Northern Provinces. A listenership survey in one province indicated that more than half of the respondents had heard the radio drama at least once. An audience participation contest attracted almost 3,000 responses. A video, *Challenges in AIDS Counseling*, was also designed and produced in Zambia to provide training to people with some counseling experience.

Research and Training

USAID-funded studies of discordant couples, barrier contraceptives and spermicides were completed, with results indicating that consistent spermicide use may substantially reduce the rate of HIV infection in women, as may condom use. USAID also supported training in STD treatment and counseling for medical and nursing staff at the University of Zambia's teaching hospital, and supplied HIV tests and other diagnostic equipment.

Condom Social Marketing

USAID, Population Services International and the Pharmaceutical Society of Zambia began procuring, marketing, distributing and selling condoms through conventional and other retail outlets, workplaces, STD clinics and PVO/NGO-administered youth programs at the end of 1992. Minimum sales projections for the new *Maximum* brand of condom are 7 million a year for five years.

Strategic and Implementation Plan

USAID, together with program and technical consultants and the NAPCP, assessed Zambia's needs in AIDS prevention and control and developed a broad strategy for addressing those needs. The team identified implementing agencies and designed a detailed implementation plan that included public health education, condom social marketing, STD control, HIV testing and counseling, policy development, and a major study of the socioeconomic impact of AIDS in Zambia. Prevention education, HIV counseling and condoms will be provided through selected workplaces, traditional healers, and NGOs working with young people. Media awareness of standards for reporting on HIV/AIDS will also be improved. HIV testing and counseling centers will be established to offer confidential services to the general public. Policies will be developed with the government to update politicians and other community leaders on the state of the epidemic and the options before them.

***Reported AIDS Cases:** 18,731
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 77.5%

Total Population: 10,300,000

Cumulative Incidence: 1,818.5 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk:** 28.6%-61.5%
Population at Low Risk: 7.7%-20.0%

USAID STRATEGY

USAID programs build upon Zimbabwe's fairly strong urban health care infrastructure, an extensive commercial farming system and broad networks of PVOs. Although HIV/AIDS programs have been conducted primarily in cities, interventions are increasingly needed in rural areas as HIV spreads. USAID will complement successful urban programs with education and prevention services in rural districts.

ZIMBABWE

SITUATION ANALYSIS

A relatively strong urban economy and a well-developed infrastructure encourage mobility throughout Zimbabwe. Many young people, for example, migrate to the cities in search of jobs. Some mobile and economically disadvantaged people, such as young women who find employment opportunities limited and turn to prostitution out of need, comprise very vulnerable groups who engaged in high-risk behaviors and account for much of the spread of HIV in Zimbabwe.

***AIDS cases reported to the World Health Organization.**

****This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.**

*****HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)**

******Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors**

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

**USAID FUNDING, FY 1992:
\$641,289**

**USAID-SUPPORTED HIV/AIDS
PREVENTION ACTIVITIES**

**Community AIDS Prevention
Programs in Bulawayo**

Bulawayo's health department has been working since 1989 to reduce HIV transmission among commercial sex workers (CSWs), their sex partners and people with STDs through peer education, motivational outreach programs and condom distribution. By the end of 1991, 80 peer educators had reached nearly half of Bulawayo's 700,000 residents through 2,700 contacts in bars, hotels and brothels. More than 1.5 million condoms were distributed in 1991; according to a post-intervention survey, 96 percent of the CSWs and 69 percent of their clients had received condoms. Reported condom use increased from 18 to 84 percent among CSWs and from 40 to 59 percent among clients. The project has also furnished supplies and equipment to improve services at STD clinics.

**STD/HIV Prevention in
Masvingo**

The health department of Masvingo trained 35 peer educators from core groups vulnerable to HIV infection to provide HIV/AIDS information and condoms in more than 100 workplaces. In its first four months, the project distributed more than 120,000 condoms. Activities also included the development of a community action plan involving local leaders in promoting education about HIV/AIDS and STDs among groups engaged in high-risk behaviors. A decline in STD rates has been noted since diagnosis, treatment and counseling were improved at regional health clinics.

**Community HIV Prevention
Program in the Lake Kariba
Region**

USAID and the local health department have established outreach programs for groups at risk for HIV transmission, particularly fishermen, traders and military personnel. Personnel from the Bulawayo project trained five project leaders who supervised 35 peer educators. The peer educators offer HIV/AIDS information and support to people in the Kariba town communities; they distributed more than 362,000 condoms during the first four months of the project.

**AIDS Education and Condom
Promotion in the Commercial
Farming Sector**

After the government, commercial farmers are Zimbabwe's second-largest employer. The Commercial Farmers' Union (CFU), with 73 local associations, is providing additional support for AIDS education and condom promotion and distribution to union leaders and 270,000 farm laborers in Zimbabwe. A new condom distribution system includes the country's three largest farmers' cooperatives, with membership totaling more than 6,000. During the second year of the program, the CFU and the Zimbabwe National Family Planning Council, which coordinates and controls distribution, dispensed nearly half a million condoms in one farming community.

**Training of Trainers for AIDS
Education**

Save the Children Federation introduced training-of-trainers for HIV/AIDS prevention into an existing child survival project in three rural areas. In collaboration with the Ministry of Health, Save the Children is developing a network of trained health and development workers and local leaders to teach HIV/AIDS prevention skills in their communities. Project staff members have trained 97 percent of health center staff members and 95 percent of village community workers within the target areas. Educational efforts reached 4,640 families. A follow-up survey showed significant increases in knowledge of HIV and acceptance and use of condoms for HIV/AIDS prevention.

**AIDS Education and Condom
Promotion in Marondera Dis-
trict**

World Vision Relief and Development and the Ministry of Health have conducted more than 20 training workshops for leaders of village development committees and other community groups in the Marondera District. An AIDS awareness campaign is addressing specific gaps in knowledge and misconceptions identified in previous research on the knowledge, attitudes and behaviors of commercial farm workers, subsistence farmers and urban dwellers in the region. An HIV/AIDS component has been added to the training of midwives and village community workers. In 1991, AIDS educators reached 18,722 people and distributed 175,000 condoms and more than 2,700 HIV/AIDS educational booklets and pamphlets.

**Understanding Condom Use
and AIDS Prevention**

USAID is supporting collaborative behavioral research by the Universities of Washington and Zimbabwe to learn more about condom use by individuals engaged in high-risk sexual behaviors. The studies are intended to identify the major cultural experiences, beliefs, attitudes, social influences and conditions that encourage or deter condom use. Understanding those factors will lead to the development of culturally suitable, effective interventions to increase condom use among individuals at risk for HIV.

**Assessing Female Sexual
Behavior and the Risk of HIV
Infection**

USAID, in cooperation with the International Center for Research on Women, is supporting a study conducted by the University of Zimbabwe to learn how rural and urban women and adolescent girls perceive their sexuality and to examine sociocultural and economic factors that raise the risk of HIV infection. Results will be used to design educational materials for schools and community-based interventions using traditional communication and counseling channels.

***AIDS cases reported to the World Health Organization.**
****This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.**
*****HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)**
******Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.**
Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

Asia



INDIA

SITUATION ANALYSIS

The AIDS epidemic in India is at an early stage, but is likely to expand rapidly if prevention programs are not put in place. Heterosexual contact is the predominant mode of HIV transmission, except in Manipur, a state in northeastern India, where transmission is primarily due to intravenous drug use. The government of India is very committed to combating HIV/AIDS and is implementing a National AIDS Control Program with an \$85-million loan from the World Bank. HIV/AIDS sentinel surveillance data from 23 surveillance centers in major cities indicate that HIV infection is present everywhere; states where the spread is most pronounced include Maharashtra, Tamil Nadu and Manipur.

***Reported AIDS Cases:** 290
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 241%

Total Population: 882,600,000

Cumulative Incidence: .3 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 7.6%-26.6%
Population Low Risk 0.1%-1.4%

USAID STRATEGY

In previous years USAID provided support to the government of India by purchasing equipment for HIV screening and surveillance and assisting with various projects. Given the size of the country and the limited resources available, USAID will focus on the state of Tamil Nadu, with a population of approximately 58 million. Seroprevalence levels in populations at high risk in Tamil Nadu are as high as 16 percent. In September 1992, USAID signed a bilateral agreement with the Government of India to implement a seven-year, \$10-million AIDS Prevention and Control (APAC) Project in Tamil Nadu. APAC will target populations that engaged in high-risk behaviors, including commercial sex workers, their clients and STD patients. Grants will be provided to NGOs to educate target populations, promote and sell condoms, and enhance STD services and counseling.

Asia Regional Summary	India (1)	Indonesia (2)	Papua New Guinea (3)	Philippines (4)	South Pacific (5)	Thailand (6)
Condom Supply and Promotion	■	■	■		■	■
Blood Product Safety				■		
Health Care Financing					■	
PVO Activities	■	■			■	■
Public Information Campaigns	■	■		■	■	■
Resident Advisors	■	■			■	■
STD Control	■	■				■
Epidemiology and Surveillance		■		■		■
Targeted Behavior Change	■	■		■	■	■
Behavior Research	■	■	■	■	■	■
Economic Impact Assessment						

Note: Shaded squares may reflect more than one program per country.

USAID FUNDING, FY 1992: \$2,398,861

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Distribution of AIDS Video

To educate policy makers in India about the scope of the AIDS threat, USAID funded the duplication and distribution of 1,000 copies of *Talking AIDS, Stopping AIDS*, a video produced by the Indian Association of Preventive and Social Medicine and CEDAC Communications Systems, a New Delhi filmmaker. The video and a pamphlet about AIDS, which were distributed to policy makers, government officials and health care providers in India, were designed to create awareness about the enormity of the potential problem and to generate public support for HIV/AIDS intervention activities.

In-Depth Study of Poor Women in Bombay

With technical support from the International Center for Research on Women, the Tata Institute of Social Sciences is studying how urban Indian women perceive their own sexual behavior. Findings from focus group discussions with women from various religious, ethnic and occupational groups in Bombay are helping program planners shape appropriate prevention messages for this population. AIDS interventions will be integrated into maternal and child health services, reproductive and contraceptive health services, and STD control programs.

AIDS Model for Low-Income Adolescent Girls in Urban India

World Vision Relief and Development is conducting research on a culturally suitable model for educating low-income adolescent girls in Bombay about HIV/STD prevention. Focus groups were conducted and questionnaires distributed to young women ages 15 to 20 from several Bombay slums. The results are being used to plan interventions.

Equipment for Blood Transfusion Centers

To support India's AIDS control plan, USAID contributed funds that enabled the government to purchase equipment for HIV testing and surveillance at 65 blood transfusion centers.

INDONESIA

SITUATION ANALYSIS

In response to the spread of HIV/AIDS in other Asian countries, Indonesia has begun to address its own situation. With the HIV/AIDS epidemic still in its early stages, prevention and education are top priorities. The Ministry of Health and the National AIDS Committee have identified the commercial sex industry as a leading target for HIV interventions. Surabaya, a busy seaport estimated to have the largest commercial sex industry in Southeast Asia, is a prime location for such efforts.

***Reported AIDS Cases: 26**
(Date of last report: 12/31/92)

****Increase over 1991 Report: 63%**

Total Population: 184,500,000

Cumulative Incidence: 0.1 per million

*****HIV-1 Seroprevalence in Urban Areas:
****Population at High Risk Not Available
Population at Low Risk Not Available**

USAID STRATEGY

USAID is working with policy makers and health professionals from the public and private sectors to understand the potential impact of HIV/AIDS on Indonesia, promote behaviors that reduce the risk of HIV infection, and initiate the legal and social changes needed to halt the spread of HIV. Major components of this strategy are development of health policies; surveillance activities to track the extent and spread of HIV; communication programs offering HIV/AIDS education and behavior change messages; and improvements in diagnosing and treating STDs. Collaboration with United States-based and Indonesian PVOs involved in AIDS prevention has begun.

**USAID FUNDING, FY 1992:
\$1,667,847**

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

AIDS Risk Among Commercial Sex Workers and Clients

In collaboration with the Ministry of Health, Udayana University and the University of Michigan, USAID has initiated research in Bali on risky behaviors among commercial sex workers (CSWs) and the men likely to be their clients. A major focus of the research is on the attitudes and beliefs that may influence sexual practices and condom use. Researchers will also examine the potential spread of HIV and other STDs among tourists, CSWs and the general population.

Research on the Surabaya Commercial Sex Industry

USAID has supported formative, ethnographic research to describe the size, scope and characteristics of the commercial sex industry and high-risk behaviors in Surabaya. The study identified 10 sub-groups among the clients engaging CSWs, whose numbers are estimated at 21,000. Data on the sex industry — organizational structure, clientele, employment conditions, demographics, risk behaviors, and access to health services — are helping focus further behavioral and epidemiological research and guiding the formation of targeted activities that will promote behavior change and condom use.

Research on the Shipping Industry

Workers and voyagers on the ships that frequent the ports of Indonesia, an archipelago of 13,000 islands, are accelerating the spread of HIV. USAID is supporting research on HIV/AIDS and the domestic and international shipping industries, focusing on shipping patterns and ports of call in high HIV-prevalence harbors. Off-ship sexual behavior was studied through 183 intercept surveys of seamen docked in the ports of Jakarta and Surabaya. Findings will shed light on a significant means of HIV spread in Southeast Asia and thus will be useful in developing HIV/AIDS prevention policies and behavior change interventions.

HIV Risk Assessment and Risk Reduction Counseling

In collaboration with the Indonesian Medical Association, the Ministry of Health is conducting HIV prevention training for a network of health providers from public and private health care institutions, universities and NGOs. Teaching modules have been developed for the trainees, who will train additional counselors in HIV/AIDS education and ways to guide clients to select and adopt appropriate HIV risk-reduction behaviors.

Women and AIDS Operations Research

In support of a cross-regional women and AIDS operations research initiative, USAID is providing technical assistance to the Applied Psychology Institute of the University of Indonesia in developing culturally appropriate HIV risk-reduction strategies for Indonesian women. The institute is conducting quantitative behavioral research on women's perceived norms about discussing sexual behavior and HIV prevention with their husbands. An intervention model will be created to help women talk to their husbands about these issues.

Technical Assistance to AIDS/STD Prevention Programs

USAID-funded activities are all backed by technical assistance. In cooperation with the Centers for Disease Control and Prevention, USAID is providing assistance to strengthen STD prevention, screening and treatment in Surabaya. It is also training Ministry of Health staff to use AIDS computer models to determine the impact of various policy options.

Cooperative Agreement with Project Concern International

A project was designed with Project Concern International to help develop indigenous PVO capability in STD/AIDS prevention. Programs include information, education and counseling activities for groups engaged in high-risk behaviors as well as the general community, policy advocacy, and studies and pilot interventions to build an experienced NGO network for HIV/AIDS/STD prevention.

THE PHILIPPINES

SITUATION ANALYSIS

As of October 7, 1992, 80 cases of full-blown AIDS had been reported in the Philippines. During this same period, screening tests done in Metro Manila, Olongapo and Angeles City identified 368 people who tested positive for HIV. The seropositive cases were found among three groups engaged in high-risk behaviors: commercial sex workers (CSWs), male homosexuals and overseas contract workers who had returned to the Philippines. Statistically reliable data on the prevalence of HIV within Filipino groups engaged in high-risk behaviors is currently lacking, raising concerns that what data exist may represent only the tip of the iceberg. However, preliminary data from studies on the behavior of selected groups and the sexual practices of the general population reveal a clear potential for HIV to increase among those engaged in high-risk behaviors and subsequently in the general population.

*Reported AIDS Cases: 86
(Date of last report: 12/31/92)

**Increase over 1991 Report: 62%

Total Population: 63,700,000

Cumulative Incidence: 1.3 per million

***HIV-1 Seroprevalence in Urban Areas:

**** Population at High Risk 0.1%-6.3%
Population at Low Risk Not Available

USAID STRATEGY

Because of the lack of reliable prevalence data and because studies have found widespread misperceptions about HIV/AIDS in the Philippines, USAID has concentrated on providing accurate information to policy makers, the public and groups engaged in high-risk behavior. The Mission is focusing on improving surveillance capabilities and is broadening education efforts. USAID will continue to support the efforts of PVOs and NGOs skilled in reaching people engaged in high-risk behaviors.

USAID FUNDING, FY 1992:
\$450,048

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Remedios AIDS Information Center

USAID continues to support the Manila Remedios AIDS Information Center (RAIC), which serves as a grassroots, drop-in information and counseling center. The center serves the greater Manila community, presenting lectures and films and operating a telephone hot line. RAIC is collaborating with the Department of Health in producing and distributing a quarterly AIDS periodical designed for health workers and NGOs, which encourages them to use RAIC facilities for their own HIV/AIDS prevention initiatives.

Multimedia Campaign

The AIDS education media campaign launched in 1990 moved to a second phase in 1992, targeting presexually active and sexually active young adults aged 15 to 24. Based on extensive behavioral and communications research with target populations and the general public focusing on obstacles and resistance to behavior change, the campaign has shifted from offering general information to motivating behavior change and influencing social norms that govern peer group interactions. The campaign encourages discussion of sexuality, listening to friends and partners, and safer sexual behaviors.

Health Education and Intervention for Commercial Sex Workers

A project initiated in 1989 with the city councils and health departments in Metro Manila, Olongapo and Angeles City is enhancing the ability of these communities to design, establish, monitor and evaluate interventions for individuals engaged in high-risk behaviors. The project has worked with the media, bar owners, health

educators and policy makers to develop effective prevention and control programs. More than 1,400 outreach workers and peer educators have been trained and have brought information programs to more than 1,300 entertainment establishments and community groups. Reported condom use rose from 24 percent to 44 percent in Olongapo and from 24 percent to 62 percent in Angeles City as a result of this initiative.

Operations Research Projects by NGOs

Three operations research projects were carried out by NGOs to collect information for developing suitable HIV/AIDS prevention and risk-reduction interventions for groups engaged in high-risk behaviors. The Health Action Information Network evaluated the effect of specific information campaigns on HIV/AIDS knowledge, attitudes and behavior among 120 medical and nursing students at five Manila colleges and universities. Another study by the Health Action Information Network analyzed how social norms among 30 male CSWs in Manila influence HIV-related behaviors. The Institute for Social Studies in Action completed a study that examined the knowledge and behaviors of 60 merchant seamen and their wives in Manila.

AIDS cases reported to the World Health Organization:
 * This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.
 *** HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how costs were derived.)
 **** Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.
 Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

AIDS Surveillance and Education Project

The AIDS Surveillance and Education Project (ASEP) was developed in 1992 to assist the National AIDS Prevention and Control Program of the Philippines Department of Health in controlling HIV transmission. ASEP will establish an HIV sentinel surveillance system at strategically located geographic sites throughout the country to monitor groups likely to engage in high-risk behaviors, including male and female CSWs, overseas contract workers, male STD patients, men who have sex with men and intravenous drug users. Mass media and community-based education and public relations programs encouraging behaviors that reduce the risk of HIV transmission will be aimed at groups at risk as well as the population at large in locations identified by the sentinel surveillance system.

THAILAND

SITUATION ANALYSIS

The HIV/AIDS epidemic in Thailand has continued to expand, primarily through heterosexual transmission, and will increasingly affect the young working population. Despite the short history of the epidemic in Thailand, HIV infection is spreading rapidly throughout the country, with particularly acute problems in northern Thailand and the country's central region. The well-established commercial sex industry is a significant contributing factor to this rapid spread. The Royal Thai Government is strongly committed to HIV/AIDS control, having appropriated \$10 million in 1992 to these efforts and approximately \$46 million in 1993. Although seroprevalence data continue to show rapid increases, there are some encouraging reports of increased condom use and a decline in STDs. Extensive seroprevalence and other health data are available, largely due to the collaborative epidemiological research jointly sponsored by the Centers for Disease Control and Prevention (CDC) and the Thai Government, and to the now institutionalized "Field Epidemiology Training Program," originally sponsored by the CDC.

***Reported AIDS Cases:** 909
(Date of last report: 11/30/92)

****Increase over 1991 Report:** 408%

Total Population: 56,300,000

Cumulative Incidence: 16.1 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 8.9%-31.1%
Population at Low Risk 0.7%-2.8%

USAID STRATEGY

USAID strategy concentrates on the following interventions for prevention of HIV/AIDS: promoting increased use of condoms; discouraging high-risk behaviors; and reducing STDs. Some applied research and intervention activities have a national focus, but the majority of efforts concentrate on Bangkok. Representing a confluence of lower-income populations in the 15-year to 29-year age group, Bangkok faces the potential for an explosive HIV/AIDS epidemic in the 1990s. Project elements include community mobilization, work site communication, low-income residence interventions, mass communication, school-based programs, health service system strengthening, coordination with other programs, policy support and evaluation.

USAID FUNDING, FY 1992:

USAID assistance to Thailand, suspended following the coup of February 1991, was restored in November 1992. Existing grants to PVOs were continued during the suspension, but no new activities were initiated.

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Youth AIDS Awareness and Prevention Project

The Population and Community Development Association, an activist NGO with a history of family planning, community development and HIV/AIDS programs, is educating youth aged 11 to 17 about HIV/AIDS through their teachers and peers. Topics include modes of transmission, high-risk behaviors and skills to avoid such behaviors. A mass media component involving popular singers and film personalities is reaching a nationwide audience of young people.

Heterosexual Transmission of HIV in Northern Thailand

Johns Hopkins and Chiang Mai universities are assessing various risk behaviors among HIV-positive blood donors and their sex partners.

AIDS Control and Prevention Project (AIDSCAP)

Thailand has been designated a priority country under the AIDSCAP project, whose Bangkok Regional Office coordinates the Thailand program and provides services to other country efforts in Asia. The AIDSCAP strategy in Thailand is to strengthen the capacity of Thai government agencies, NGOs and commercial entities in proven prevention activities: increasing condom use, decreasing STDs and reducing the number of sex partners. The project will provide technical assistance to strengthen the institutional ability of the Health Education and Public Relations Subcommittee on AIDS of the National AIDS Committee and the Health Education Division of the Ministry of Public Health to conduct needs assessments, long-term planning and policy initiatives. Other AIDSCAP activities will include community mobilization, behavioral research, modeling the future course of the epidemic, studies comparing experimental educational interventions, and behavior change activities targeting adolescents, young adults and mothers.

Community Mobilization for AIDS Prevention

A local university has been contracted to conduct a community diagnosis in six of Bangkok's 36 districts. University personnel will work with the local AIDS committees to develop master plans, identify and strengthen links with indigenous community networks, provide training for local AIDS committee staff to maintain a strong coordination capacity, and leave in place a system for sustained interaction between local communities and the district AIDS committees.

HIV/AIDS and STDs Knowledge, Attitudes and Practices Study in Bangkok

A survey was planned to monitor knowledge, attitudes and practices related to HIV/AIDS and STDs in selected population subgroups (especially young people) in Bangkok, with feedback provided to the AIDS committees set up by the Bangkok Metropolitan Administration. Specific interventions will also be evaluated.

Experimental Educational Interventions Among Single Female Migratory Adolescents

A research project conducted by the University of Chiang Mai was designed to test HIV/AIDS/STD prevention interventions targeting migratory female factory workers in Chiang Mai between 13 and 19 years old. Three strategies will be developed and compared: providing young women with HIV/AIDS prevention literature and audiovisual materials; providing educational materials plus nonformal education facilitated by health professionals; and providing educational materials plus nonformal education facilitated by peer leaders.

AIDS Prevention Among Adolescents in Northern Thailand

An experimental intervention was also planned by the Population Council and Khon Kaen University to improve HIV/AIDS prevention among adolescents in northern Thailand. AIDS-related knowledge, sexual behaviors, communication patterns with peers and family, and role perceptions among male and female secondary school students will be examined. A peer education and counseling program, together with supporting educational materials, will be designed and used. After six months of intervention, program impact will be assessed by comparing knowledge and high-risk behaviors among students in the intervention group to those behaviors among students in a control group.



Europe and the Near East

*AIDS cases reported to the World Health Organization.

**This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

***HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)

****Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

Note: Shaded squares may reflect more than one program per country.

Europe and the Near East Regional Summary	Morocco (1)
Condom Supply and Promotion	■
Blood Product Safety	
Health Care Financing	
PVO Activities	■
Public Information Campaigns	■
Resident Advisors	
STD Control	
Epidemiology and Surveillance	
Targeted Behavior Change	■
Behavior Research	■
Economic Impact Assessment	

Latin America and the Caribbean



Latin America and the Caribbean Regional Summary	Antigua & Barbuda (1)	Barbados (2)	Bolivia (3)	Brazil (4)	British Virgin Islands (5)	Colombia (6)	Costa Rica (7)	Dominica (8)	Dominican Republic (9)	Ecuador (10)	El Salvador (11)	Grenada (12)	Guatemala (13)	Haiti (14)	Honduras (15)	Jamaica (16)	Mexico (17)	Montserrat (18)	Peru (19)	St. Kitts & Nevis (20)	St. Lucia (21)	St. Vincent (22)	Trinidad & Tobago (23)	
Condom Supply and Promotion	■		■	■				■	■	■		■	■	■	■	■			■		■	■	■	■
Blood Product Safety									■	■														
Health Care Financing	■	■													■									
PVO Activities	■			■				■	■	■		■		■	■	■						■	■	■
Public Information Campaigns			■	■	■	■		■		■		■		■		■	■			■		■	■	
Resident Advisors			■	■					■					■	■							■	■	■
STD Control			■	■				■		■	■		■	■						■	■	■		■
Epidemiology and Surveillance			■		■			■	■	■	■			■				■			■	■	■	■
Targeted Behavior Change	■	■	■	■			■	■	■	■		■	■	■		■	■							■
Behavior Research		■	■	■				■	■	■		■	■	■				■						
Economic Impact Assessment															■									

Note: Shaded squares may reflect more than one program per country.

BRAZIL

SITUATION ANALYSIS

Although AIDS in Brazil was first documented in homosexual and bisexual men, the majority of new AIDS cases result from heterosexual transmission of HIV. A dramatic increase in HIV infection has occurred among women and newborns. The country's AIDS cases nearly doubled in 1992, and 62 percent of the cases were reported in the states of São Paulo and Rio de Janeiro.

*Reported AIDS Cases: 31,364
(Date of last report: 12/10/92)

**Increase over 1991 Report: 49%

Total Population: 150,800,000

Cumulative Incidence: 208 per million

***HIV-1 Seroprevalence in Urban Areas:
**** Population at High Risk 6.0%-24.0%
Population at Low Risk 0.1%-3.7%

USAID STRATEGY

USAID's efforts to address the large and growing AIDS problem in Brazil concentrate on improving the capacity of public and private-sector institutions to conduct HIV/AIDS prevention activities and behavioral research. NGOs are receiving training in developing educational materials, peer education, program management, condom distribution logistics and condom social marketing. Results of qualitative research among less accessible and marginalized populations contribute to innovative strategies to reach those for whom more traditional methods of AIDS education will not work.

USAID FUNDING, FY 1992:
\$1,250,672

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Social Marketing Training and Material Development

USAID established a program through BEMFAM to train three local NGOs (ATOBA, SOS Crianca and the Association of Rio de Janeiro Prostitutes) in the materials development process and implementation of HIV/AIDS prevention interventions. Target populations chosen included homosexuals, street children and commercial sex workers (CSWs). The final evaluation of these interventions and the lessons learned were presented at a locally organized conference in March 1992. Some results of these interventions were also presented at the International AIDS Conference in Amsterdam in June 1992.

Behavioral Communications Research Project

As part of a USAID-supported cross-regional effort to develop programs targeting women, the Civil Society for Family Welfare (BEMFAM), an affiliate of the International Planned Parenthood Federation, initiated a project to produce appropriate HIV/AIDS educational materials for women attending family planning clinics in Rio de Janeiro and Recife. A comic book soap opera was designed and produced, and 14,000 copies were distributed to BEMFAM's clinics in Rio de Janeiro and Recife. In addition, two verbal assessment methodologies were tested to see which identified more women at risk. Tests among 400 clinic attendees showed that an open-ended questionnaire was more effective than a checklist.

AIDS In the Workplace

USAID supported a Ministry of Health multidisciplinary committee to assist in the development of AIDS-in-the-workplace initiatives. The first priority was to develop a proposal for a seminar targeting business leaders to increase their involvement in workplace HIV/AIDS policy and education. Four Brazilian "banking consortium" professionals representing the eight largest banks and two unions in Brazil were on the proposal committee, as well as two consultants from AIDSCOM and three from the Ministry of Health. In addition, a one-day workshop was held on social marketing of condoms for the *Caixa Economica Federal* and other institutions involved in the banking consortium.

Research Project with Bisexuals

BEMFAM conducted research with the support of the Federal University of Rio to study the sexual behavior of 2,500 men who have sex with men. Participants received condoms, HIV/AIDS information, risk-reduction counseling and support services. The research was conducted in various locations in Rio de Janeiro and through a hot line that helped bisexual men maintain their anonymity while furnishing researchers with accurate information.

Umbanda Project

Cultural Concepts, a Brazilian NGO with links to Afro-Brazilian religious groups in the northeast, developed this project to train *pais-de-santo* (priests in the Umbanda religion) to act as health agents at Umbanda ceremonies. A training video was developed using influential Umbanda mediums and combining scientific and popular language to convey HIV/AIDS prevention.

Reaching Low-Income Commercial Sex Workers

With the support of INTERAIDE/IMPACT, a French NGO, groups of peer educators in Fortaleza and São Luis states were trained to provide condoms and personal communication about HIV/AIDS prevention at brothels. More than 15 areas in each city were targeted. With support from the French embassy, the European Community and the Ministry of Health, the project is now being extended to reach low-income CSWs in two other settings in northern and northeastern Brazil. These efforts will also be continued in Fortaleza and São Luis.

Training Low-Income Mothers at Day-care Centers

The Center for Immunological Control in Campinas provides services to approximately 600 HIV-positive patients each month. The USAID-supported "COLMEIA" project has trained over 1,000 low-income mothers in HIV/AIDS prevention at seven day-care centers. The University of Campinas also developed materials targeting women and trained "technical leaders."

Social Marketing of Condoms Project

This project was designed to provide imported, low-cost, high-quality condoms to community-based programs targeting commercial sex workers in São Paulo. DKT do Brasil supplied several communities of CSWs with condoms at "cost," increasing condom use and competition among in-country condom brands.

*AIDS cases reported to the World Health Organization.

**This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

***HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)

**** Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

BEMFAM Training Project

USAID, in collaboration with BEMFAM, has trained 135 health professionals in HIV/AIDS education skills and program management at workshops in Rio de Janeiro, Salvador, Recife, Fortaleza and Belem. BEMFAM also developed a prototype training package and is training other NGOs to conduct similar workshops. A video produced in Mexico to help train HIV educators and counselors was translated into Portuguese for Brazilian audiences.

AIDS and Sexuality Among Low-income Adolescent Women

A study was designed by a local NGO to explore the knowledge, attitudes and practices of low-income adolescent women with regard to sexuality, sexual decision making and HIV/AIDS/STDs. Trained peers will use a questionnaire to interview school-based and out-of-school adolescent girls. Results will be used to improve ongoing HIV/AIDS/STD prevention efforts, including peer education and a community theater project.

DOMINICAN REPUBLIC

SITUATION ANALYSIS

HIV continues to spread throughout the Dominican Republic. Sexual transmission has predominated, beginning first in the homosexual and bisexual populations, then moving steadily into the heterosexual community. Now 55.4 percent of reported cases can be attributed to heterosexual transmission. Transmission through HIV-infected bisexual men accounts for increasing infection rates among women and infants. A number of factors contribute to the epidemic's spread in the Dominican Republic, including an international commercial sex industry, both male and female; significant internal and external migration, particularly from Haiti (itself a nation with high HIV seroprevalence); a thriving tourism industry; and inadequate STI treatment services.

***Reported AIDS Cases:** 1,809
(Date of last report: 12/10/92)

****Increase over 1991 Report:** 15%

Total Population: 7,500,000

Cumulative Incidence: 241.2 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 2.6%-5.0%
Population at Low Risk 0.8%-1.3%

USAID STRATEGY

USAID invests in the private sector through NGOs and other organizations with access to the communities where HIV is most easily transmitted. As the disease spreads into the population at large, more attention is being directed toward secondary groups, including working class men and women and the clients of CSWs. Most efforts have targeted groups such as adolescents, inhabitants of squatter settlements, those working in tourism, and industrial park employees. USAID also collaborates with the Pan American Health Organization to assist the Ministry of Health in HIV testing quality control and in maintaining a sentinel surveillance system.

USAID FUNDING, FY 1992:
\$1,097,005

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Theater Presentations

Two local organizations — Centro de Orientación e Investigación Integral (COIN) and Fundación Cultural y Educativa (FUCES) — used drama to educate people about AIDS and STD prevention. COIN trained commercial sex workers (CSWs) who acted as peer educators, performing comic skits in the bars and brothels of Santo Domingo, Puerto Plata, Santiago and La Romana. This theater group reached 6,000 people with educational messages and condoms, conducting 49 performances in 41 different establishments and distributing 11,400 condoms and 3,300 pieces of educational material. FUCES's theater group reached a total of 12,400 people, mostly adolescents, through 67 performances conducted with the support of schools, clubs and other community-based organizations in rural and urban communities. During the FUCES performances, a total of 16,000 condoms and 37,000 educational brochures were distributed.

AIDS/STD Prevention Among Sex Workers

An AIDS/STD intervention continued in Santo Domingo and Puerto Plata and was extended to the cities of Santiago and La Romana. STD/AIDS information and condoms have been delivered to more than 10,000 sex workers and 5,000 clients in the four cities. A mobile medical unit has also provided STD/HIV diagnosis and treatment services to approximately 5,000 CSWs in Santo Domingo. In Puerto Plata, 80 peer educators have reached 4,500 CSWs and delivered 100,000 condoms.

Training Workshops for Bar and Brothel Owners and Administrators

Workshops were held to train 1,000 bar and brothel owners and administrators in STD/AIDS prevention activities. Support of these trainees has contributed to the success of prevention efforts by health messengers in bars and brothels. Owners and administrators who have received training also help educate CSWs' clients and promote and distribute condoms.

Educating Hotel Workers in Puerto Plata

A local organization in Puerto Plata known as COVICOSIDA has sensitized hotel managers to the need to educate their employees about AIDS and STDs. A network of 17 peer educators has reached 1,500 hotel employees with STD/AIDS prevention messages and materials and has distributed 3,700 condoms.

Intervention Among Men Who Have Sex with Men

A local gay organization has developed an STD/AIDS education intervention among the homosexual and bisexual communities of Santo Domingo, Santiago, La Vega and Puerto Plata. A network of 12 leader animators trained 65 volunteer animators to disseminate educational messages and materials. In addition to giving weekly educational talks and providing face-to-face education to members of the target audiences in the four cities, these volunteers have distributed 99,600 condoms.

Intervention Among Industrial Park Workers

A network of health promoters provided STD/AIDS education and distributed 90,000 condoms among 25,000 workers at the Free Trade and Industrial Zones of Haina.

Community-Based HIV/AIDS Prevention Education

Networks of volunteers and educators from community-based organizations have conducted several interventions to educate the general population about HIV/AIDS prevention. The Instituto Dominicano de Desarrollo Integral trained 40 volunteers as educators. These volunteers delivered educational messages and materials and distributed 5,500 condoms in two zones of Santo Domingo: La Zurza and Herrera. The Patronato de Lucha contra el SIDA reached 34,000 people in six regions of the country through a network of 154 volunteers who distributed 130,000 condoms and 59,850 pieces of educational material.

Quality Assurance for HIV-Testing Laboratories

The National Laboratory conducted a pilot program for quality assurance in 41 private and public HIV-testing laboratories in Santo Domingo. Laboratory techniques, methodology and facilities for HIV testing were improved while maintaining maximum protection of laboratory personnel and the environment.

EASTERN CARIBBEAN

Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent, and Trinidad and Tobago

SITUATION ANALYSIS

HIV seroprevalence rates vary widely from country to country in the Eastern Caribbean, but sexual transmission remains the dominant mode of transmission. Men with multiple female and/or male sex partners and their partners, as well as adolescent youth beginning their sex lives, appear to be at greatest risk. The small populations in the countries receiving assistance make the potential impact of HIV/AIDS particularly acute, while prevention efforts are constrained by limited technical resources and small budgets.

***Reported AIDS Cases:** 1,581
(Date of last report: 12/10/92)

****Increase over 1991 Report:** 15%

Total Population: 2,300,000

Cumulative Incidence: 687.4 per million

*****HIV-1 Seroprevalence in Urban Areas:**

Barbados

**** Population at High Risk Not Available
Population at Low Risk 0.1%

St. Lucia

**** Population at High Risk Not Available
Population at Low Risk 0.5%

Trinidad and Tobago

**** Population at High Risk Not Available
Population at Low Risk 0.9%

Seroprevalence data are not available for Antigua and Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, and St. Vincent.

USAID STRATEGY

USAID strategy aims to interrupt sexual transmission of HIV through focused behavioral interventions targeted at groups whose high-risk behaviors place them at increased risk of HIV infection. These groups include commercial sex workers (CSWs), prisoners and itinerant businesspeople who travel

regularly. These approaches are complemented by social marketing campaigns based on behavioral research that identifies obstacles to adoption of risk-reduction practices. The social marketing campaigns use mass media and are aimed at youth and men in the general population.

USAID FUNDING, FY 1992:
\$1,835,264

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Subregional Media Campaign

Following up on a successful 1991 radio campaign, the Caribbean Family Planning Affiliation and the Caribbean Epidemiology Centre (CAREC) collaborated in developing radio and television messages targeted at youth and males. Five radio spots and three TV spots were produced based on analyses from several quantitative and qualitative studies in five of the eight primary beneficiary countries. The campaign focused on resistance to condom use and included messages about empowerment, choice, trust and eliminating fears about condoms.

AIDS Telephone Hot Lines

USAID continued to support telephone hot lines in Trinidad and Tobago, St. Vincent, St. Lucia and Grenada. Hot lines have proven useful for people with concerns about confidentiality and those whose interest is prompted by media or community events. A hot line cost-effectiveness study is being finalized.

Small Grants to Regional NGOs

NGO efforts in AIDS education, such as carnival T-shirt bands (St. Lucia, Dominica), television dramas (Grenada, Antigua), and curriculum development and materials purchase for youth and rural community education (St. Lucia, Grenada), were financed by project grants limited to a maximum of \$5,000. Reviewers of the television dramas found them to be well conceived and of excellent quality.

Cost Analysis of Antigua Intervention

A cost analysis of an intervention with CSWs and STD clinic patients in Antigua found that even technically successful interventions need political support to maintain effectiveness. It also pointed to the need to identify and target impediments to sustainability during project design. The analysis suggested that even partial cost recovery from the condoms distributed may have encouraged economic and political sustainability of this project, given the magni-

tude of the support that was already forthcoming from the government.

Youth Peer Education in St. Vincent

The St. Vincent Red Cross Society developed a curriculum and trained students and out-of-school youth in HIV/AIDS prevention education. Sixty-nine young people were trained as peer educators in 12 weekly sessions. This activity was designed to complement a concurrent mass media campaign.

Barbados: Ethnographic Study on Prostitution and Sexuality

An ethnographic study on sexuality and prostitution in Barbados provided significant new information that has formed the basis of recent mass media messages. The study found that women selling sex cater to the demand for specific forms of sexual interaction from both tourists and Barbadian men.

Improving Regional Communication and Behavioral Research

In response to the recommendations of a 1991 project evaluation, resident advisors in communication (18 months) and behavioral science (six months) were provided to the region. The advisors have assisted in developing and institutionalizing capability in communication and behavioral research at CAREC, and in designing and implementing interventions to prevent sexual transmission of HIV. Further analysis of national survey data from three countries provided guidance on behaviors that were targeted by recent communication campaigns.

***AIDS cases reported to the World Health Organization.**

****This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.**

*****HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)**

******Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.**

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

Regional Radio Drama Series

Also designed to complement the media messages targeted at youth, a radio drama series of 10 five-minute episodes was developed by the Caribbean News Agency and broadcast in three countries. The series presented the stories of two teenage girls who try to come to terms with dating, parental supervision, and possible sexual activity with older boys. The series seemed to enjoy appreciable popularity in all three countries during the broadcast period, but its impact is yet to be analyzed.

Engaging the NGO Community in the British Virgin Islands

CAREC collaborated with the Ministry of Health in the British Virgin Islands to hold a workshop to increase the involvement of the NGO community, including the church and the media, in HIV/AIDS prevention and support. A wide cross section of community groups discussed the roles NGOs, schools, the media and the church could and should play. A draft of the national policy on "AIDS in the Workplace" was reviewed and ratified with suggested amendments.

Behavior Intervention with Prisoners in St. Lucia

Information, education and communication materials were developed to motivate safer sex practices in the prison in St. Lucia. These materials were based on extensive research within the prison, and some prisoners' skills were used in material preparation. While no condoms have been distributed within the prison, inmates have been urged to make condoms a necessary part of their sexual relations while on the "outside." The St. Lucia STD clinic has reported an increase in condom requests from recently released prisoners.

HAITI

SITUATION ANALYSIS

Continuing economic and social instability and prevailing sexual practices have led to high HIV seroprevalence rates among certain populations in Haiti. For example, seroprevalence among pregnant women living in one Port-au-Prince slum is approximately 11 percent, and more than 65 percent of commercial sex workers (CSWs) tested in Haiti are HIV-infected. Although AIDS awareness is high, knowledge about how HIV is transmitted is increasing slowly.

***Reported AIDS Cases:** 3,086
(Date of last report: 12/10/92)

****Increase over 1991 Report:** Not Available

Total Population: 6,400,000

Cumulative Incidence: 482.2 per million

*****HIV-1 Seroprevalence in Urban Areas:**
*****Population at High Risk** 21.4%-41.9%
Population at Low Risk 5.5%-15.7%

USAID STRATEGY

Since the military coup of September 30, 1991, USAID has not worked with the public sector in Haiti; however, the Mission is building a solid base of AIDS information and skills in HIV/AIDS intervention within the private sector. USAID's strategy focuses on identification, treatment and control of STDs, reaching adolescents with HIV/AIDS information and education, and social marketing of condoms. Interventions for CSWs are also continuing.

USAID FUNDING, FY 1992:
\$3,157,480

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

AIDS Education and STD Services in Gonaives

The Centers for Development and Health (CDS), a local NGO, is incorporating AIDS prevention messages and condom promotion into its program. So far, 52 community health workers, four social workers and one doctor have received training to counsel clients at the Gonaives health clinic and to provide HIV/AIDS information to other citizens. CDS activities now reach about 30 percent of the Gonaives population. STD services have also been integrated into primary health care services. USAID is providing technical assistance to train doctors and local technicians in STD diagnosis and treatment.

Community-Based AIDS Prevention Campaign

An intervention program in Port-au-Prince, Gonaives, Cap-Haitien and Saint Marc has reached more than 3,000 CSWs and their clients. A consortium of private and public organizations, including the Implementing Agency for Cooperation and Training, the Social Service Committee of Haiti and the Haitian National Institute for Social Welfare and Research, provides ongoing AIDS education and condom distribution through 100 AIDS educators. A variety of educational resources — brochures, billboards, posters, calendars and radio spots — have been developed, pretested and distributed, and more than 2 million condoms have been dispensed each year.

AIDS in the Workplace

The Group Against AIDS, a consortium of private-sector companies dedicated to establishing AIDS prevention activities in the workplace, has contacted more than 15,000 men and women in 52 factories in Port-au-Prince through 115 trained peer educators. The educators provide continuing support and educational resources, and have distributed 1 million condoms.

AIDS Surveillance and Counseling

Preliminary results of an HIV surveillance study conducted by the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO) show HIV infection rates of 8 percent among healthy adults in Port-au-Prince and 33 percent among STD patients. USAID also supports GHESKIO's program of voluntary HIV testing and counseling to the general community. Social workers have been trained to inform and support those identified as HIV positive, and a system to coordinate counseling activities with other health service agencies has been established.

Alert SIDA

Through the Alert SIDA project, informational and educational materials specially designed for youth were distributed in junior and senior high schools throughout Port-au-Prince. In addition, trained AIDS counselors addressed student groups in schools, and an AIDS hot line was instituted to respond to adolescents' AIDS questions and concerns.

Behavioral Research for AIDS Prevention

In an effort to develop culturally appropriate interventions, USAID is funding joint research by the Johns Hopkins University and the CDS on the relationship between HIV risk-reduction behaviors and culture, health and sexuality. This study of the sexual beliefs, perceptions and behaviors of men and women is being conducted in Cité Soleil (an urban slum area of Port-au-Prince) and in a low-income town in northern Haiti.

Condom Social Marketing

In collaboration with AIDSCAP and Population Services International, USAID is assisting a local distributor with a condom marketing initiative. The Panté condom is being widely promoted and currently sells for less than 20 percent of the price of popular commercial brands in Haiti. Panté sales have increased steadily since the product was introduced; more than 1 million were sold in 1992.

Behavioral Research on Women and HIV/AIDS Interventions

The Haitian Child Health Institute is studying the link between psychosocial factors and women's perceived ability to protect themselves against HIV infection. Capitalizing on previous research evaluating the extent to which Haitian women believe themselves capable of influencing and preventing high-risk behavior, the new results will support efforts to promote women's participation in local campaigns aimed at slowing the spread of AIDS. Similar data collected from men will be used to design messages promoting behavior change among both men and women.

Strategic and Implementation Plan

USAID and AIDSCAP wrote a strategic and implementation plan that will build on the activities of the previous AIDSTECH project. Key program components include an HIV/AIDS prevention in the workplace project; an information, education and communication campaign targeting youth; counseling for STD/HIV/AIDS patients; strengthening of STD services; targeted AIDS prevention for CSWs and sexually active men; condom social marketing; and providing free condoms.

HONDURAS

SITUATION ANALYSIS

The first case of AIDS in Honduras, Central America's second largest country, was reported in 1985 in a self-identified homosexual man. Now, however, the virus is spread predominantly through heterosexual contact. The blood supply is routinely screened for HIV throughout the country. Most of the known cases of HIV/AIDS are in northern Honduras. The apparent concentration of cases in this area is generally attributed to its proximity to the Caribbean port of Puerto Cortes and to the industrial and agricultural development (with a heavy component of migratory labor) around San Pedro Sula.

*Reported AIDS Cases: 2,389
(Date of last report: 12/31/92)

**Increase over 1991 Report: 44.1%

Total Population: 5,500,000

Cumulative Incidence: 434.3 per million

***HIV-1 Seroprevalence in Urban Areas:

****Population at High Risk 19.8%-45.8%
Population at Low Risk 0.3%-3.6%

USAID STRATEGY

Recently designated an emphasis country for health interventions by the USAID Latin America/Caribbean Bureau, Honduras has requested technical assistance to assess the potential health and economic impact of AIDS in the nation. The Agency hopes to generate support for a comprehensive, multisectoral program to prevent and control future transmission of the HIV virus. USAID seeks to further these goals by improving the design, implementation and evaluation of HIV/AIDS prevention programs that focus on reducing the number of partners; strengthening STD diagnosis and treatment; increasing condom use; improving knowledge of sexual behavior and applying this knowledge to develop behavior change communication strategies; establishing an international or national federation of PVOs and NGOs; and fostering open policy dialogue.

USAID FUNDING, FY 1992:
\$425,211

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Health Sector II Project

Principal HIV/AIDS activities supported through this project include providing reagent chemicals and other laboratory supplies for HIV screening, as well as condoms. The project has also provided obstetric and gynecological equipment for maternal care that will be used in examinations and STD treatment. The reproductive risk program of the Ministry of Health supports development of information, education and communication (IEC) materials and training in human sexuality and the protection of women from infection. The project's technical advisor in AIDS and child survival coordinates Health Sector II activities with the Ministry of Health.

Private-Sector Population Project

The Honduran Family Planning Association (ASHONPLAFA) trains health workers and community personnel in human sexuality, with a strong disease-prevention component. ASHONPLAFA's training module on human sexuality (with STD/HIV/AIDS content) has been accepted by the Ministry of Health for use in its nurses' training programs. This project also supports the Honduran Social Security Institute in its educational programs on family planning and disease prevention to occupational groups.

National Epidemiology and Family Health Survey

A recently completed national study included a section on HIV/AIDS prevention and detailed trends in knowledge and sexual practices of women of reproductive age. These results were useful in reorienting national IEC strategies toward an active condom promotion campaign.

HIV Screening Study

The Centers for Disease Control and Prevention, in cooperation with the National AIDS Program, began a study in Honduras in 1992 to evaluate new HIV screening and confirmation algorithms. The results of the first phase of the study were presented at the regional laboratory director's conference in Mexico in 1992. Preliminary results attracted the interest of the World Health Organization Global Programme on AIDS, which would like to replicate the study in other countries in the region. The preliminary results have also been discussed in meetings of directors of U.S. HIV laboratories and may contribute to modifications of HIV confirmation algorithms in the United States.

Socio-Economic Impact

AIDSCAP initiated a socio-economic impact study in Honduras during 1992. The objectives of the study were to transfer the capacity for carrying out this kind of study for intersectoral policy dialogue to Honduran counterparts and to develop a methodology that could be used in other countries in the region. The results of this study will be used in a nationwide, interagency and intersectoral policy dialogue scheduled for July 1993.

*AIDS cases reported to the World Health Organization.

**This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.

***HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)

****Population at High Risk: commercial sex workers and their clients; STD patients or other people with recognized risk factors.

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

JAMAICA

SITUATION ANALYSIS

Sexual transmission remains the most prevalent mode of HIV spread in Jamaica. To date, the number of full-blown AIDS cases has been relatively low, but HIV seroprevalence is increasing. The growing incidence of other STDs, certain types of drug use, and the limited resources of the public health care system might well result in a major HIV/AIDS epidemic that would be economically and socially devastating. While Jamaica faces other serious problems, the National HIV/STD Control Program is maintaining its focus on slowing the spread of the disease.

***Reported AIDS Cases:** 361
(Date of last report: 12/10/92)

****Increase over 1991 Report:** 54%

Total Population: 2,500,000

Cumulative Incidence: 144.4 per million

*****HIV-1 Seroprevalence in Urban Areas:**
******Population at High Risk** 3.1%-14.6%
Population at Low Risk Not Available

USAID STRATEGY

USAID's strategy to control STDs and HIV/AIDS encompasses educational activities, applied operations research and improved STD diagnosis and treatment at facilities of the Ministry of Health. Two major goals are to reinforce the institutional capacity of the Ministry of Health and to stimulate closer collaboration among the various institutions working on AIDS prevention.

USAID FUNDING, FY 1992:
\$1,446,007

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Female Low-Income Workers and AIDS

The University of California at Los Angeles and the University of the West Indies collaborated on research to determine the health, economic and psychosocial factors that increase the risk of HIV infection among two groups of working women in Kingston: informal commercial importers and free-trade-zone factory workers. Findings helped guide the development of an educational video on HIV/AIDS and STD prevention by SISTREN, a grassroots women's theater company, and will be useful in designing future interventions for women.

Jamaica AIDS Support

Jamaica AIDS Support has received support for educational interventions and to develop a team of peer counselors to target efforts at men who have sex with men. Several workshops were held to train 28 peer counselors in counseling people infected with HIV and educating the homosexual community on HIV/AIDS prevention, including safer-sex practices.

Little People Theatre for Youth

With technical assistance from the AIDSCOM project, the Little People Theatre Group has developed a 90-minute musical called *Vibes*. This musical emphasizes AIDS awareness, STD prevention and treatment, and the problems of peer pressure. The project aims to reduce high-risk behaviors and to strengthen HIV/AIDS/STD education for youth by creating a supportive environment for safer sexual behavior. The Little People company has established links with organizations that can provide additional counseling services, such as the Women's Crisis Center, the Family Center, Jamaica AIDS Support and the Ministry of Health Helpline.

AIDS-Related Sexual Decision Making

To develop effective behavior change interventions for Jamaica, the University of California at Los Angeles and the University of the West Indies have collaborated in USAID-funded behavioral research to examine how psychosocial and sociocultural factors affect sexual decision making and may increase risk of HIV infection. Findings from interviews with 108 men and women suggest that sociocultural values and practices tend to limit condom use among individuals having sex with multiple partners, though not with their primary partners. An AIDSCOM-sponsored literature review on sexual behavior in Jamaica has enhanced the study.

HIV/AIDS Program Linked with STD Programs

The Centers for Disease Control and Prevention (CDC) provides management and technical assistance to the Ministry of Health to improve STD and HIV/AIDS prevention and control activities in Jamaica. CDC has assisted the ministry in hiring and training 15 STD/HIV contact investigators who have been deployed to provide intervention services in each of Jamaica's 14 parishes. USAID has also supported the establishment of seven new STD diagnosis and treatment facilities in the ministry's primary health-care centers that serve as a base for the STD/HIV contact investigation staff, and has provided assistance to two STD clinics in Kingston and Montego Bay.

Public Information: An Integrated Approach

Mass media communications have shifted emphasis from raising awareness about HIV/AIDS to stimulating behavior change as the result of a nationwide survey. The survey showed that respondents had little sense of personal control over protecting themselves from infection and that condom use was low. A new public education campaign designed for radio, TV and print by a local advertising firm encourages Jamaicans to take individual action. Face-to-face communication is used to teach condom skills and support the mass media messages. The campaign also promotes Helpline, a telephone hot line service offering anonymous counseling, information and referrals to as many as 800 callers a week. Data collected through the hot line has been used to revise prevention messages and educational materials, evaluate the campaign's impact and develop services for HIV-infected people.

Strategic and Implementation Plan

USAID and AIDSCAP conducted an assessment and began developing a strategic and implementation plan to expand the Mission's AIDS/HIV Prevention and Control Project, which was initiated in 1988. Many prevention activities will continue under AIDSCAP, but the new focused strategy will concentrate on encouraging reductions in numbers of sex partners, improving diagnosis and treatment of STDs, and expanding and improving condom use and distribution.

Study of Men at Risk

Qualitative research documented patterns of social and sexual behavior, condom use, and attitudes toward HIV testing among Jamaican bisexuals and men who have sex with men. Results have helped shape HIV/AIDS prevention programs for these men, and a group has been identified to establish peer education programs.

Collaborative Efforts

The National Family Planning Board, the National Council on Drug Abuse and the National HIV/STD Control Program have held joint workshops to begin integrating health and life-style interventions. The three organizations are jointly distributing materials from their own programs and are training peer counselors and setting up referral systems. The AIDS/STD Helpline is collaborating with the National Family Planning Board to further develop counseling services.

Women's Health Study

The Ministry of Health began expanding its research and intervention activities for women at high risk for HIV infection in Kingston, Jamaica's capital and major port. More than 120 commercial sex workers and women visiting STD clinics were surveyed about their sexual practices and their knowledge and beliefs about HIV/AIDS and STDs. Survey data helped the ministry develop community-based interventions and educational initiatives to encourage safer sex. Participants received HIV/AIDS/STD education, condoms, HIV testing and counseling from peer educators and a contact investigator trained by the CDC. The CDC also assisted the Ministry of Health in training individuals at rural antenatal clinics to perform the serologic test for syphilis.

MEXICO

SITUATION ANALYSIS

The number of AIDS cases in Mexico has increased significantly over the past several years. Homosexual and bisexual transmission account for nearly 60 percent of reported cases, with males between the ages of 15 and 44 at highest risk. Urban populations of middle and high socioeconomic strata have the highest incidence of HIV infection. Mexico has a large private-sector network interested in providing AIDS prevention services.

***Reported AIDS Cases:** 12,292
(Date of last report: 12/31/92)

****Increase over 1991 Report:** 35.5%

Total Population: 87,700,000

Cumulative Incidence: 140 per million

*****HIV-1 Seroprevalence in Urban Areas:**

******Population at High Risk** 0.7%-2.2%
Population at Low Risk 0.1%-0.2%

USAID STRATEGY

USAID supports education and prevention activities carried out by NGOs with access to the communities most severely affected by HIV/AIDS. The Mission has also provided technical assistance to CONASIDA, the National Council for the Control and Prevention of AIDS, in formulating a long-term communication strategy. Although AIDS projects have been conducted primarily in cities, interventions are needed increasingly in rural areas.

USAID FUNDING, FY 1992:
\$588,849

USAID-SUPPORTED HIV/AIDS PREVENTION ACTIVITIES

Community Outreach and Education with Sex Workers in Tijuana

A peer education and condom distribution program among male and female sex workers in Tijuana, Baja California, has succeeded in broadening knowledge about HIV/AIDS, raising the reported use of condoms, and increasing the number of visits to STD clinics. This project is based upon a successful community-based project in Ciudad Juárez.

Women and AIDS Training

USAID is supporting efforts by CIDHAL (Communication, Interchange and Human Development in Latin America) to train women from community organizations in AIDS prevention and education. CIDHAL has produced an audiovisual presentation of women's experiences and perspectives as HIV-positive individuals or as family members or friends of people infected with HIV.

The National AIDS Communication Plan

USAID supported technical assistance to CONASIDA to develop an AIDS prevention communication plan. The plan encompasses mass-media promotion of CONASIDA services and community-level interventions for eight target populations: in-school adolescents, parents of adolescents, health-care providers, teachers, decision makers, men who have sex with men, CSWs and sexually active heterosexual couples. USAID will continue to support technical assistance as the program is implemented.

Role of Pharmacies in AIDS and Condom Use Education

A survey of 168 pharmacists, conducted by the Mexican Research Institute on Family and Population with USAID technical support, assessed the possible role of pharmacies in HIV/AIDS/STD prevention. Results indicated that most pharmacists and other pharmacy workers knew little about HIV/AIDS/STDs or how condoms prevent them, but were willing to participate in training and condom promotion efforts. In response, the Social Marketing Project of the Futures Group, CONASIDA and the Family Planning Division of the Secretariat of Health sponsored training sessions and developed a sales strategy for promoting *Protector*, the social marketing condom.

Behavioral Research on Men at Risk

The Population Council and CONASIDA are undertaking a project to influence the attitudes and behavior of men who are at high risk for HIV. A rapid increase in the heterosexual transmission of HIV among Mexicans has led to concern that male bisexuals may be a key link between the homosexual population, which has high HIV prevalence, and groups such as women and newborn babies, where prevalence is on the rise. A large-scale survey of 10,000 adult males is under way to gather data for designing strategies to motivate behavior change among bisexual men. Data about partner networks, attitudes toward protection and strategies for dealing with HIV risk, as well as results from a similar study on female partners of bisexual men, will contribute to the development of pilot interventions.

Community-Based AIDS Prevention Project in Ciudad Juárez

More than 1,500 female and male commercial sex workers (CSWs) in Ciudad Juárez have been reached through a condom distribution and peer education program. In 1988, the Mexican Federation of Private Family Planning Associations launched this community-based intervention by establishing local support among CSWs and bar owners. Project staff members have recruited and trained 140 peer educators, who provide HIV/AIDS information and 8,000 condoms a month to CSWs. The project is being replicated in Tijuana.

***AIDS cases reported to the World Health Organization.**

****This increase could be due to improvements in reporting of existing AIDS cases as well as to an increase in the spread of the HIV virus.**

*****HIV seroprevalence data are collected by the U.S. Bureau of the Census from the most representative studies available. (See page 4 for an explanation of how data were derived.)**

******Population at High Risk: commercial sex workers and their clients, STD patients or other people with recognized risk factors.**

Population at Low Risk: pregnant women (attending antenatal clinics), blood donors, general population samples or others with no known risk factors.

USAID Fiscal Year 1992 Funding Obligations

	DEVELOPMENT ASSISTANCE ACCOUNT		DEVELOPMENT FUND FOR AFRICA		Population* Account	FY '92* Total
	Mission/Bilateral	Office of Health/Central	Mission/Bilateral	Office of Health/Central		
Africa Region						
Africa Region	0	1,117,490	2,573,000	50,000	0	3,740,490
Botswana	0	0	310,000	0	0	310,000
Burkina Faso	0	79,481	720,000	0	196,618	799,481
Burundi	0	18,371	20,000	0	0	38,371
Cameroon	0	174,629	168,000	250,000	188,208	592,629
Central African Republic	0	1,148	500,000	0	0	501,148
Côte d'Ivoire	0	665,640	1,492,000	0	432,714	2,157,640
East Africa Regional	0	143,612	0	0	0	143,612
Ethiopia	0	13,604	835,000	1,165,000	362,112	2,913,604
Ghana	0	60,683	750,000	0	0	810,683
Kenya	0	337,182	0	400,000	1,403,306	737,182
Lesotho	0	0	0	200,000	0	200,000
Malawi	0	39,015	2,584,000	400,000	106,017	3,023,015
Mali	0	87,407	0	225,000	74,439	312,407
Mauritius	0	19,384	0	0	0	19,384
Namibia	0	0	12,000	0	0	12,000
Niger	0	26,192	0	0	0	26,192
Nigeria	0	22,421	0	3,200,000	53,613	3,222,421
Rwanda	0	155,053	900,000	0	264,850	1,055,053
Senegal	0	68,844	3,553,000	0	84,936	3,621,844
South Africa	0	20,223	564,000	1,500,000	0	2,084,223
Tanzania	0	4,211	698,000	1,000,000	871,137	1,702,211
Togo	0	0	166,000	0	0	166,000
Uganda	1,600,000	242,442	400,000	0	229,298	2,242,442
Zaire	0	11,057	0	0	620,426	11,057
Zambia	3,350,000	33,123	2,150,000	0	23,477	5,533,123
Zimbabwe	0	532,654	0	0	108,635	532,654
Africa Total	4,950,000	3,878,866	18,395,000	8,390,000	5,019,786	35,608,866

Asia Region

Asia Region	0	888,937	0	0	0	888,937
India	1,908,000	278,861	0	0	0	2,186,861
Indonesia	1,175,000	492,847	0	0	0	1,667,847
Papua New Guinea	0	19,509	0	0	0	19,509
Philippines	325,000	125,048	0	0	0	450,048
South Pacific Regional	1,215,000	0	0	0	0	1,215,000
Thailand	0	1,329,705	0	0	0	1,329,705
Asia Total	4,623,000	3,154,907	0	0	0	7,757,907

for HIV/AIDS Prevention Activities

	DEVELOPMENT ASSISTANCE ACCOUNT		DEVELOPMENT FUND FOR AFRICA		Population* Account	FY '92* Total
	Mission/Bilateral	Office of Health/Central	Mission/Bilateral	Office of Health/Central		
Europe and the Near East						
Morocco	291,000	29,008	0	0	0	320,008
Yemen Arab Republic	10,000	0	0	0	0	10,000
Europe & Near East Total	301,000	29,008	0	0	0	330,008

Latin America and the Caribbean						
LAC Region	1,088,000	661,030	0	0	0	1,749,030
Bolivia	1,000,000	0	0	0	0	1,000,000
Brazil	0	1,197,634	0	0	53,038	1,197,634
Colombia	0	10,000	0	0	0	10,000
Costa Rica	0	23,384	0	0	0	23,384
Dominican Republic	126,000	864,335	0	0	106,670	990,335
Eastern Caribbean	1,788,000	47,264	0	0	0	1,835,264
El Salvador	0	14,420	0	0	0	14,420
Guatemala	65,000	104,456	0	0	0	169,456
Haiti	2,146,000	864,734	0	0	146,746	3,010,734
Honduras	421,000	4,211	0	0	0	425,211
Jamaica	965,000	433,255	0	0	47,752	1,398,255
Mexico	0	236,622	0	0	352,227	236,622
Peru	132,000	0	0	0	0	132,000
LAC Total	7,781,000	4,461,345	0	0	706,438	12,192,345

Worldwide						
Interregional	1,235,000	13,522,874	64,000	5,000	0	14,826,874
WHO/GPA	0	25,000,000	0	0	0	25,000,000
Worldwide Total	1,235,000	38,522,874	64,000	5,000	0	39,826,874

Grand Total	\$68,862,000	\$26,854,000	\$5,725,219	\$95,716,000
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* The FY '92 total does not include Population Account funds used to supply condoms for HIV/AIDS prevention activities.