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SEMI-ANNUAL REPORT

1 October 1990 - 31 March 1991

Cooperative Agreement

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

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EXECUTIVE SUMMARY

AIDSTECH is emphasizing the development and implementation of programs to slow the spread of HIV infection in developing countries. The first year of the project was spent assessing needs and program opportunities, determining priorities for resource allocation and programming, and learning to work within a complex set of relationships around the world to develop and establish programs. In the second year, the project focused on program implementation, on refining technical and regional strategies, and on further strengthening of the AIDSTECH team. The third year was one of successful project implementation, further development of AIDSTECH's role, and a refocusing and refining of program priorities. AIDSTECH now is focusing on replicating, expanding, and scaling up those projects that have been successful.

AIDSTECH continues its commitment to prevention, with priority given to efforts to slow sexual transmission through AIDS education, condom distribution, and prevention and treatment of STDs, and to prevent blood transmission through technical assistance for blood screening programs. In its fourth year, AIDSTECH has developed extensive, multifaceted programs in 15 countries. More focused programs are underway in another 14 countries (see Table 1 below).

Since the award of the Cooperative Agreement, AIDSTECH has supported 174 projects and specific technical assistance programs in 41 countries. Table 2 (See page 2) shows AIDSTECH's overall activities by program area and region and a breakdown by completed, ongoing, and planned programs and activities.

Table 1
AIDSTECH Program Focus

Extensive Program Countries

Burkina Faso
Cameroon
Ghana
Kenya
Tanzania
Zaire
Zimbabwe
Brazil
Dominican Republic
Dominica
Antigua
St. Lucia
Haiti
Mexico
Thailand

Focused Program Countries

Burundi
Malawi
Mali
Niger
Nigeria
St. Vincent
Grenada
Trinidad
Barbados
Bolivia
Ecuador
El Salvador
Peru
Philippines

Forty-five projects and technical assistance programs in 23 countries have been completed: eleven in the area of sexual transmission, twenty in blood transmission, six in surveillance, four in health care finance, three to train health care providers in disease control procedures, and one in prevention of IVDU transmission.

A total of 103 projects and activities are ongoing in 36 countries. An additional 26 projects/activities are under development in 16 countries.

Table 2
AIDSTECH Projects and Activities by Region

| | Africa | Latin America/ Caribbean | Asia/ Near East | Total |
|---|-----------|--------------------------------|--------------------|------------|
| <u>Completed Projects/Activities</u> | | | | |
| Sexual Transmission | 4 | 1 | 6 | 11 |
| IVDU Transmission | 0 | 0 | 1 | 1 |
| Blood Transmission | 11 | 7 | 2 | 20 |
| Surveillance | 1 | 4 | 1 | 6 |
| Health Care Financing | 1 | 2 | 1 | 4 |
| Training | 3 | 0 | 0 | 3 |
| Subtotal | 20 | 14 | 11 | 45 |
| <u>Ongoing Projects/Activities</u> | | | | |
| Sexual Transmission | 28 | 33 | 8 | 69 |
| IVDU Transmission | 0 | 0 | 1 | 1 |
| Blood Transmission | 6 | 5 | 0 | 11 |
| Surveillance | 4 | 4 | 0 | 8 |
| Modeling/Policy | 2 | 1 | 0 | 3 |
| Health Care Financing | 1 | 4 | 1 | 6 |
| Training | 0 | 5 | 0 | 5 |
| Subtotal | 41 | 52 | 10 | 103 |
| <u>Planned Projects/Activities</u> | | | | |
| Sexual Transmission | 11 | 4 | 2 | 17 |
| Blood Transmission | 1 | 1 | 0 | 2 |
| Surveillance | 0 | 1 | 0 | 1 |
| Modeling/Policy | 2 | 0 | 0 | 2 |
| Health Care Financing | 0 | 3 | 0 | 3 |
| Training | 0 | 1 | 0 | 1 |
| Subtotal | 14 | 10 | 2 | 26 |
| <u>Total Project Activities</u> | | | | |
| Sexual Transmission | 43 | 38 | 16 | 97 |
| IVDU Transmission | 0 | 0 | 2 | 2 |
| Blood Transmission | 18 | 13 | 2 | 33 |
| Surveillance | 7 | 9 | 1 | 17 |
| Modeling/Policy | 4 | 1 | 0 | 5 |
| Health Care Financing | 2 | 9 | 2 | 13 |
| Training | 3 | 6 | 0 | 9 |
| Total | 75 | 76 | 23 | 174 |

A shift in the allocation of program resources has occurred since 1987 (Page 4). In the first year of the program, most expenditures (72%) went into AIDSTECH program management, conference sponsorship, information dissemination, and country needs assessments, with 28% spent on program areas. This pattern changed dramatically in the second and third years, when 64% and 76% were spent on the AIDSTECH program areas. In the first half of the fourth year, 72% of funds were spent on program areas.

The charts on pages 4 and 5 also show changing AIDSTECH program emphasis. Projects to prevent sexual transmission have grown as a percentage of total program expenditures (Page 4) and program area expenditures (Page 5). Projects to prevent sexual transmission accounted for about 65% of program area expenditures by 1991. Projects to prevent blood transmission initially provided needed supplies and equipment and accounted for much of the program's expenditures during the first two years. AIDSTECH has decreased its efforts in this area as the World Health Organization's Global Programme on AIDS (WHO/GPA) has increased its role, as reflected in the reduction of program expenditures for blood safety programs to 9% in 1991.

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

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

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

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

Some of the major lessons learned in the first three and one half years are the importance of institutionalization of programs to assure their continuation, the necessity of expanding intervention programs to reach the partners of the targeted high-risk behavior groups, and the necessity of making condoms available and accessible as an integral part of interventions.

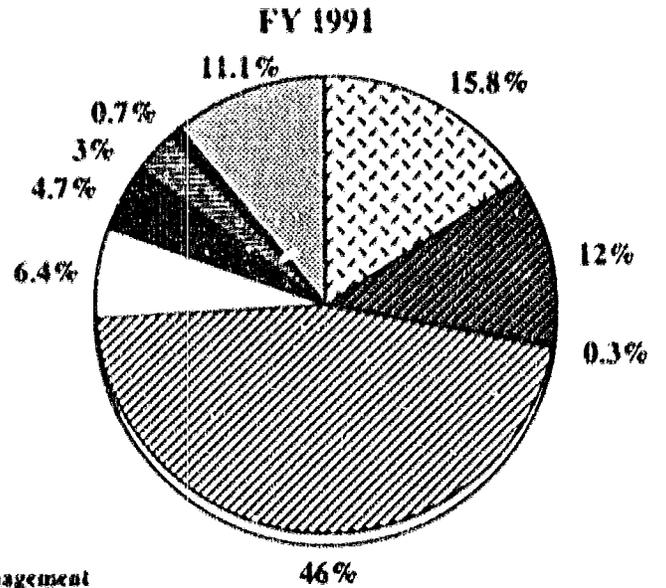
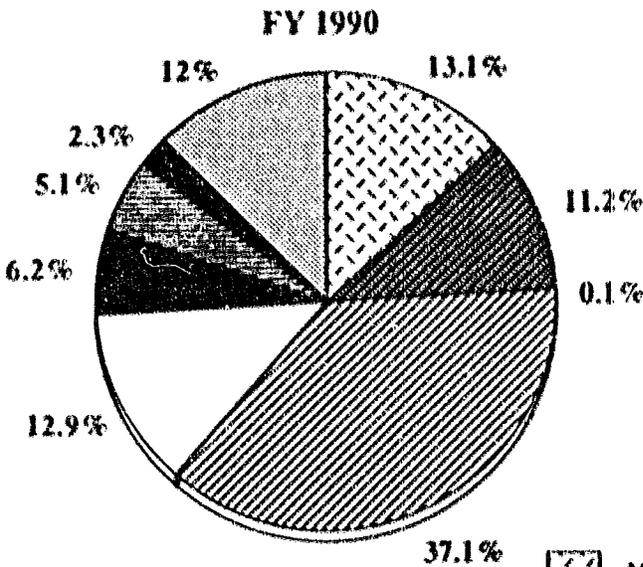
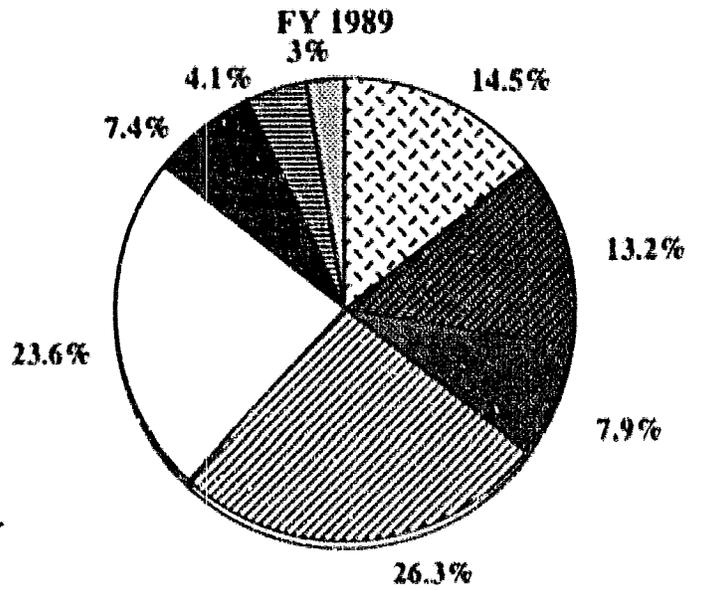
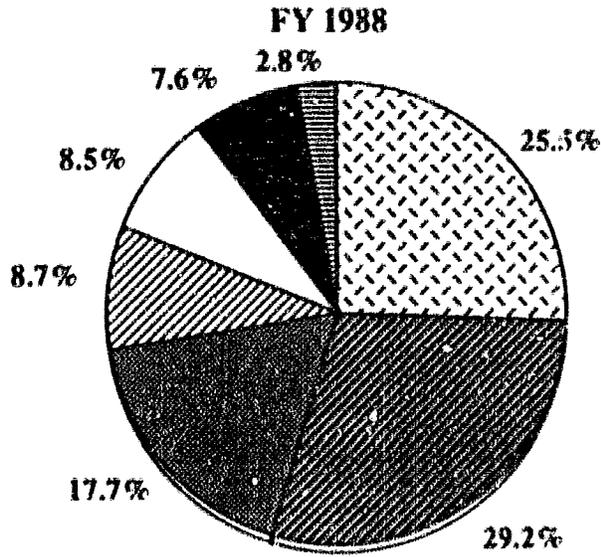
The demand for technical assistance to implement blood screening programs continues to be high. AIDSTECH's strategy is to give assistance in:

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

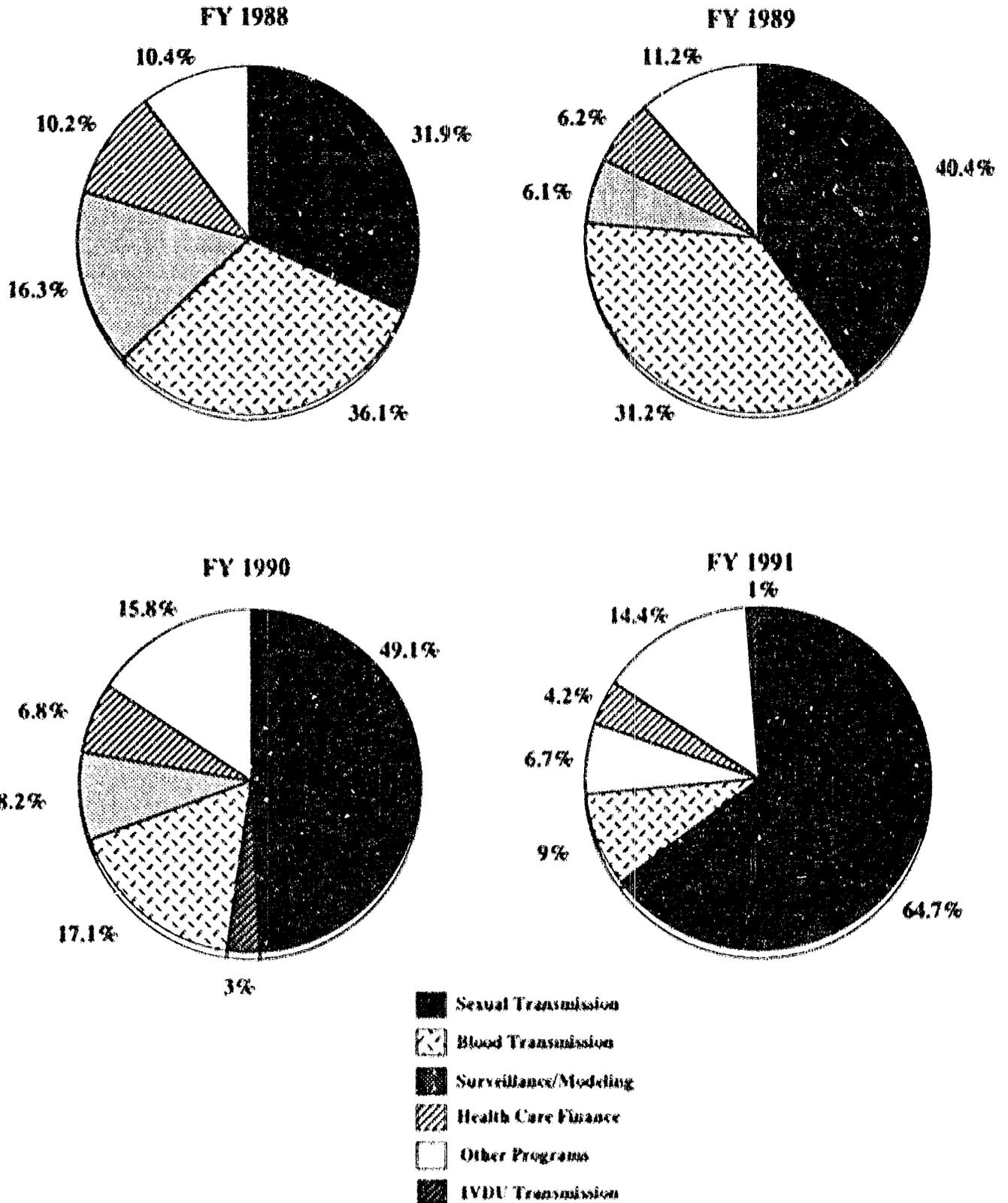
AIDSTECH's research has demonstrated that the HIVCHEK test is appropriate for use in district hospitals as a cost-effective alternative to conventional testing for HIV-1; that two simple, rapid tests can be used in sequence as an alternative to the costly, more complex ELISA-Western blot sequence; and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

AIDSTECH's surveillance activities are used to evaluate intervention programs. Targeted STD surveillance helps verify reported behavior changes more easily than monitoring of HIV incidence. AIDSTECH has learned that HIV sentinel surveillance data are not very useful as an evaluation tool for intervention programs.

AIDSTECH Total Program Expenditures



AIDSTECH Program Area Expenditures



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

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

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

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

- o The operations research component focuses on answering key intervention program questions such as the short- and long-term impact of paying peer educators or providing free condoms versus charging for condoms, evaluating different condom distribution strategies, and evaluating the impact of intervention programs.
- o The epidemiological research component focuses on evaluating the efficacy of spermicides and STD control in preventing HIV transmission.
- o The Research Fellows Program provides training for United States researchers in developing countries while enhancing developing countries' skills and expertise in the field of behavioral research. A second Fellow has been selected to work with local country counterparts in Senegal to develop and implement a research project on the perceptions of women concerning HIV infection and AIDS prevention.
- o AIDSTECH, in collaboration with A.I.D. and several National Institutes of Health (NIH), has established a program to fund behavioral research centers to (1) reduce gaps in understanding the extent and nature of high-risk behaviors, (2) determine the most appropriate strategies to modify such behaviors, (3) identify barriers and enhancers to behavior change, and (4) determine how to sustain behavior changes. Nine pilot projects have been initiated. With additional support provided by the NIH and A.I.D., successful pilot projects will be extended in a second phase to implement large scale behavioral research projects. A secondary goal of this program is to enhance developing countries' behavioral research capacity, as well as to increase U.S.-based behavioral research capacity focused on this area.

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

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

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

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

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

AIDSTECH has expanded its staff in response to new program needs. Currently, recruitment is underway for two senior positions: a Health Care Finance Specialist and a Regional Coordinator for the Eastern Caribbean.

Significant accomplishments during this reporting period include the following:

- o Initiated nine Behavioral Research Grants projects.
- o Awarded eight PVO grants.
- o Selected a second Behavioral Research Fellow.
- o Provided support for three trainees to improve STD clinical and counseling skills.
- o Supported participation of 34 developing country representatives to regional conferences on AIDS.
- o Mailed three English and two French information packages to individuals and institutions in the developing world.
- o Continued field testing of the AIM model in Uganda and Haiti.
- o Distributed 1.7 million condoms each month through 23 programs in 17 countries.
- o Prepared and distributed condom instruction pamphlets to the majority of AIDSTECH projects in Africa.
- o Provided 41 weeks of technical assistance to 16 countries.

I. INTRODUCTION

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

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

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

A. BACKGROUND

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

The U.S. Agency for International Development awarded the Cooperative Agreement to FHI on September 16, 1987, as a five-year, \$28 million program.

The AIDSTECH Project staff consists of an integrated and internationally mobile team with multidisciplinary technical and managerial skills. The Project has an office in Washington, D.C. and a core of technical and program staff located at FHI's North Carolina headquarters. In addition, in-country resident coordinators are providing program support in eight countries. AIDSTECH was designed by A.I.D. to provide technical assistance services to developing countries in AIDS control and prevention in conjunction with AIDSCOM, the Public Communications Project implemented by the Academy for Educational Development (AED).

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

B. GOALS AND OBJECTIVES

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

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

Activities are supported in the following areas:

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

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

C. PROGRAM AND INTERVENTION STRATEGIES

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

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

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

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

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

AIDSTECH's program strategy attempts to:

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

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

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

AIDSTECH has identified 15 countries where it is supporting extensive, multifaceted, and integrated programs: Burkina Faso, Cameroon, Ghana, Kenya, Tanzania, Zaire, Zimbabwe, Dominica, Antigua, St. Lucia, the Dominican Republic, Haiti, Mexico, Brazil, and Thailand.

D. PROGRESS TOWARD PROJECT OBJECTIVES

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

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

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

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

- o Influencing Policy. AIDSTECH has educated policy-makers who were initially reluctant to approve intervention programs targeted toward high-risk groups. Policy changes have been accomplished through collaborative planning, technical assistance, sponsorship to conferences, and AIDS simulation modeling. After the presentation of the AIDS simulation model, President Museveni of Uganda said that he had been convinced that condoms should be used to help slow the epidemic, a major change in position from previous opposition to condom distribution. AIDSTECH also provides input to USAID Missions in helping to determine country priorities and program needs.
- o Capacity Building. AIDSTECH has focused on capacity building and institutional strengthening in its sexual transmission interventions, providing technical assistance in the area of IEC, condom distribution, and STD diagnosis and treatment. In addition, AIDSTECH has upgraded 14 STD clinics and provided needed equipment and supplies for selected programs.
- o Program Implementation. AIDSTECH has assisted with the design, implementation, and support of 80 sexual transmission interventions and activities since 1987. Another 17 are planned to begin within the next few months.
- o Applied Research. AIDSTECH is evaluating intervention outcomes and conducting epidemiological research, behavioral research, and operations research projects to attempt to answer questions that will improve ongoing programs.
- o Health Care Finance. AIDSTECH is emphasizing intervention programs that are cost-effective and sustainable. Recurrent costs for intervention programs are being determined.

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

- o Capacity Building. AIDSTECH has focused on capacity building and institutional strengthening by providing technical assistance to assess and plan HIV screening programs and by assisting in the development and maintenance of national quality assurance programs for HIV testing in 11 countries.
- o Strengthening Blood Screening Programs. AIDSTECH has conducted 12 "train the trainer" workshops to train laboratory technicians in appropriate HIV testing techniques, laboratory safety, quality control, and laboratory management.
- o Applied Research. AIDSTECH has supported applied research to identify and validate appropriate technology for HIV testing and to evaluate serum pooling as a cost-efficient alternative to single sample testing in countries with a low HIV prevalence.

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

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

- o Selected a second Research Fellow for placement in Senegal.
- o Initiated nine pilot projects under the Behavioral Research Grants Program.
- o Conducted a workshop on Issues in Implementing Targeted Interventions for the Prevention of Sexual Transmission of HIV for 46 participants at the V International Conference on AIDS in Africa, Kinshasa, Zaire.
- o Presented nine AIDS Prevention Projects at the Montreux Conference on Assessing AIDS Prevention and the Jamaica Meeting on Behavioral Interventions for STDs and AIDS Prevention.
- o Expanded the condom social marketing project in Burkina Faso and continued the social marketing programs in Zaire and Cameroon.
- o Expanded ongoing intervention projects in Mexico, Haiti, and Zimbabwe and planned for replication of successful projects in Zimbabwe and Nigeria.
- o Strengthened HIV/STD prevention efforts in the Eastern Caribbean.
- o Finalized a proposal to evaluate the social marketing of STD drugs.

II. AIDSTECH ACTIVITIES

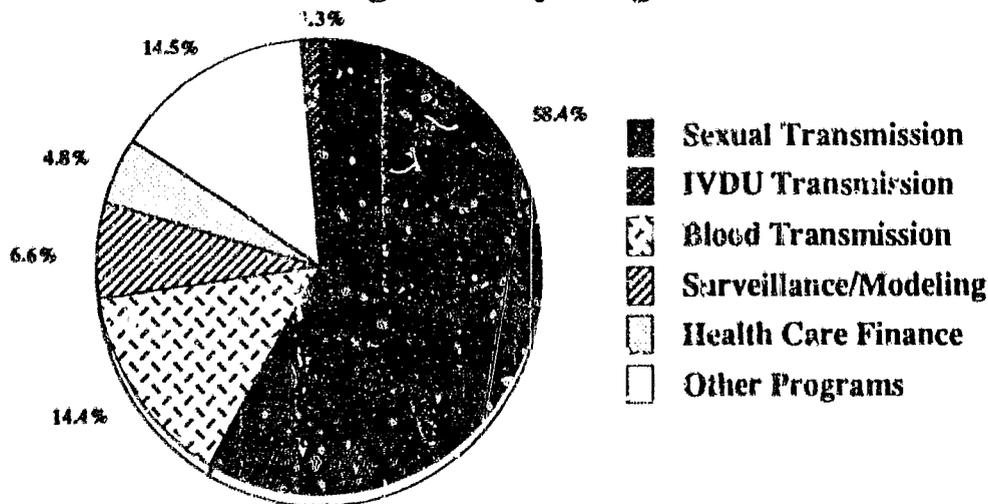
During the past six months, AIDSTECH has focused on implementation of projects and has prepared for program expansion, replication, and scale up. The following sections describe general strategies and summarize project progress.

A. TECHNICAL ASSISTANCE AND INTERVENTION PROGRAMS

Overall obligations by program area since the project began are shown in the chart on the following page.

Obligations for sexual transmission prevention projects have accounted for 58% of program area obligations. Blood transmission projects account for 14% of program area obligations, with health care finance and surveillance/modeling at 5%-7%. The "other programs" category includes general program support for large scale country programs and training programs for health care providers in disease control procedures.

AIDSTECH Obligations By Program Area



I. PREVENTION OF SEXUAL TRANSMISSION OF HIV

General Strategy

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

- o Targeted interventions;
- o Social marketing of condoms; and
- o STD control.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- o Providing technical assistance to national or regional STD centers and laboratories in the development or revision of STD treatment guidelines;
- o Developing and validating of cost-effective methods of STD surveillance for program evaluation;
- o Training STD staff in the use of treatment algorithms, in STD prevention counseling, and in condom promotion;
- o Using social marketing of course-of-therapy drugs to improve the treatment of STDs.
- o Integrating STD prevention and control programs into broader health care programs to improve sustainability; and
- o Using epidemiological research to measure the efficacy of barrier contraceptives and spermicides in the transmission of STDs and HIV.

Project Progress

AIDSTECH is sponsoring 69 ongoing projects and activities in the sexual transmission area in 32 countries: Botswana, Burkina Faso, Cameroon, Ghana, Kenya, Mali, Niger, Nigeria, Tanzania, Uganda, Zaire, Zimbabwe, Bolivia, Brazil, Costa Rica, Chile, El Salvador, Guatemala, Mexico, Dominican Republic, Haiti, Jamaica, Dominica, St. Lucia, Antigua, Trinidad, St. Vincent, Granada, Morocco, Indonesia, Thailand, and the Philippines.

Seventeen additional projects are awaiting approvals or are under development in 16 countries: Burkina Faso, Burundi, Cameroon, Central African Republic, Kenya, Nigeria, Tanzania, Zaire, Zimbabwe, Dominica, Barbados, Dominican Republic, Haiti, Ecuador, Mexico, and Thailand. (See Table 2, page 2).

Over 1.7 million condoms are being distributed each month by 23 AIDSTECH assisted programs in 17 countries. Almost half of the condoms (44%) are sold to consumers; the others are distributed free of charge through clinic and workplace programs and by over 3,000 peer educators. Social marketing programs in Zaire, Cameroon, Niger, and Burkina Faso account for 98% of the condom sales.

Lessons Learned

Since 1987, AIDSTECH has worked with 97 sexual transmission projects in 38 countries. The following are among the lessons learned:

- o Intervention programs should be built into existing institutional structures as much as possible; peer education programs are probably more difficult to sustain than STD clinic programs.
- o Face-to-face communication is a powerful means of effecting behavior change.
- o On the whole, primary risk groups can be identified and targeted, are very receptive to targeted interventions, and will change risk behaviors.
- o Peer education is an acceptable and successful approach to reaching prostitutes; however, systems must provide continuing opportunities to engage and train new individuals who desire to enter the program and to replace those who move to other areas.
- o Peer education projects are being implemented within a variety of health service systems, including ministries of health, NGOs/PVOs, universities, and City Health Departments; this suggests that the approach is adaptable.
- o Despite the common denominator of sex for money or items of monetary value, there are different types of prostitutes and different types of prostitution in different environments.
- o Clients also need to be reached in order for a program to be successful.
- o Prostitutes may not regard sex with their regular partners (especially boyfriends) as high-risk and will often not use condoms with them.
- o Women's ability to negotiate safe sex can be enhanced through empowerment.
- o The biggest obstacle to the development of interventions for high-risk groups are policy makers and health care providers.
- o Social support organizations and groups that are willing to be involved with the intervention do exist.
- o Availability of and accessibility to condoms is often a major problem.
- o Expansion and replication of sexual transmission projects require adjustments in management structure and logistics systems.

2. PREVENTION OF HIV TRANSMISSION THROUGH BLOOD TRANSFUSIONS

General Strategy

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

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

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

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

- o providing technical assistance to assess and plan HIV screening programs. Emphasis is placed on developing HIV testing networks which can easily support quality assurance and continuing education programs;
- o assisting in the development and maintenance of national quality assurance programs for HIV testing, thus assuring accurate test results, as well as serving as an important evaluation tool following training and initiation of new techniques;
- o training laboratory technicians in HIV testing techniques, laboratory safety, quality control, and laboratory management. A "train the trainers" approach has been adopted to strengthen the capacity for continuing educational programs;
- o applied research projects to identify and validate appropriate technology for HIV testing, such as evaluation of simple, rapid tests for HIV and evaluation of alternative and practical testing strategies;
- o evaluating techniques such as serum pooling as a cost-effective alternative to single sample testing in countries with a low prevalence for HIV and a large volume of testing; and
- o distributing technical information on HIV testing and blood transfusion practices to laboratory and blood bank managers as part of AIDSTECH's Information Dissemination program.

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

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

- o describe the current transfusion practices within the country;
- o define the risks of blood transfusion;
- o define the indications for transfusion of blood and blood products;
- o identify the alternatives to blood transfusion and promote their use; and
- o develop and distribute guidelines for blood transfusion.

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

- o development of surveys that offer the opportunity to examine risk factors in donor population;
- o development of guidelines for donor deferral; and
- o development of strategies to increase voluntary blood donations and decrease dependence on commercial systems.

Project Progress

AIDSTECH is sponsoring 11 ongoing blood transmission activities and projects in eight countries: Cameroon, Kenya, Malawi, Bolivia, Ecuador, El Salvador, the Dominican Republic, and Trinidad and Tobago. Two additional projects are planned for Zaire and the Dominican Republic.

In addition, AIDSTECH is collaborating with PAHO to sponsor a regional workshop for the Latin America and Caribbean region on Indirect Florescent Antibody (IFA) testing as an appropriate and less expensive confirmatory test for HIV.

AIDSTECH is editing and publishing a Guide for Laboratory Personnel on HIV Testing and Quality Control. This will be distributed worldwide.

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

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

AIDSTECH is examining the pooling of sera for HIV testing as a cost saving measure. Data collection has been completed in the Eastern Caribbean and the Dominican Republic. In the Eastern Caribbean, sensitivity was slightly decreased using pooling for the two ELISA tests; in the Dominican Republic, pooling resulted in a decrease in both sensitivity and specificity for the tests studied.

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

A project has been initiated in Malawi to study the attitudes of Malawians toward blood donation. The results of this study will improve blood donor recruitment programs.

A project is planned to establish a network of rural laboratories in Zaire for HIV screening. This program, which is awaiting approval, will be a comprehensive approach including training, logistics, counseling, and Quality Assurance in 24 rural hospitals.

AIDSTECH will continue to strengthen quality assurance for HIV testing and to improve blood transfusion practices.

Lessons Learned

Since 1987, AIDSTECH has completed 20 blood transmission prevention projects in 15 countries: Burkina Faso, Burundi, Cameroon, Ghana, Kenya, Malawi, Senegal, Zaire, Zimbabwe, Guatemala, Ecuador, Peru, Trinidad, the Dominican Republic, and the Philippines. Activities have included provision of HIV screening equipment and supplies, training of laboratory technicians, evaluation of appropriate tests for HIV as well as technical assistance in evaluation, and planning of blood screening programs.

The following lessons have been learned:

- o The HIVCHEK test is sensitive for detecting antibody to HIV-1 and is appropriate for use in district hospitals as a cost-efficient alternative to conventional HIV testing.
- o Two rapid, simple tests used in sequence is a valid, cost-effective option to the ELISA-Western blot sequence.
- o Training is required for the Rapid Tests.
- o Tests which include HIV-2 should be evaluated.
- o Sending supplies from the United States requires good in-country coordination, record keeping, and communications.
- o Countries must plan early to establish systems for supply procurement.
- o Workshops have shown the appropriateness of the competency-based approach to training.
- o Blood transfusion practices vary considerably even within a country, and there is much room for improvement.
- o There is a need for further evaluation of blood transfusion practices.
- o Blood screening activities require constant monitoring.
- o Preliminary results show that pooling of blood specimens is a less expensive and practical means of blood screening in populations with a low HIV prevalence rate and a high volume of testing; the SERODIA test can be used to pool 15 sera without loss of sensitivity or specificity.
- o Pooling studies in Ecuador have shown that pooling three sera and testing them as one does not decrease sensitivity and specificity, does not compromise record keeping, and reduces work time by 64%. An average of 67% of cost savings was realized on reagents.
- o An evaluation of blood screening programs is needed. A well designed quality assurance program can accomplish this by providing information on the quality of testing and the number of transfusions, tests, reagents, and technicians trained.

3. PREVENTION OF HIV TRANSMISSION THROUGH IV DRUG USE

General Strategy

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

Project Progress

AIDSTECH is supporting a project in Thailand to determine the most effective ways of encouraging risk reduction behavior among IVDUs. The project uses a variety of training devices, educational aids, and outreach approaches.

Lessons Learned

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

4. INFORMATION, EDUCATION, COMMUNICATIONS AND TRAINING

General Strategy

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

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

Providing Skills Training. AIDSTECH focuses on improving country/regional capacity in IEC programming through skills training in IEC design, implementation, and evaluation; design of appropriate evaluation strategies; identification of appropriate agencies and country/regional resources; and improving implementation and management of social marketing, health promotion, peer education, condom promotion, prevention counseling, and blood donor campaigns for AIDSTECH intervention projects. AIDSTECH IEC training is implemented in two distinct phases: phase one, skills in topic area, followed several months later by Phase II, skills as a trainer. In this way, AIDSTECH can help improve IEC-related skills

and increase capacity of local professionals to train others in an area in which they have some experience. This particular "training of trainers" approach helps increase sustainability of skills transfer by providing on-going assistance and opportunities for local adaptation. Long-term sustainability of IEC programming is promoted through the establishment of systems to implement effective AIDS education and communication programs and to provide counseling assistance within the scope of AIDSTECH intervention projects.

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

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

Providing Technical Training. The principal focus of AIDSTECH training is to assist trainees in acquiring, enhancing, or maintaining skills, rather than to concentrate on knowledge transfer. Thus, training is competency-based, and evaluation is based on the trainees' subsequent performance, as assessed by means of measurable or observable criteria. Training trainers is the preferred format whenever this is appropriate in order to both contribute to institution building and have a broader impact.

The technical training provided by AIDSTECH in the past has been directed primarily at laboratory supervisors and supervisory health care providers. As the AIDSTECH program evolves and country needs change, AIDSTECH is broadening the focus of its training activities.

AIDSTECH provides training assistance in the following areas:

- o Training of peer educators.
- o Training of physicians and pharmacists in STD diagnosis, treatment, and counseling strategies.
- o Training of laboratory supervisors in quality assurance techniques.
- o Training of project managers.

Project Progress

IEC assistance has been provided to projects in six countries in the past six months: Thailand, Zaire, Ghana, Cameroon, Mexico, and Zimbabwe.

As part of its preparation for producing an educational trigger film about the "Faces of AIDS" in Africa, AIDSTECH has recruited and hired a Director and Producer for the project and received approval from the government of Cameroon to begin filming there. Preliminary approval from Zimbabwe has also been received.

In collaboration with the World Health Organization's Global Programme on AIDS and the Program for Appropriate Technology in Health, AIDSTECH has prepared and distributed condom instruction pamphlets to the majority of its educational projects in Africa. In addition to the pamphlets, AIDSTECH is taking the lead in developing condom instruction wall charts in English and French.

In Mexico, AIDSTECH is working with Mexicanos Contra el SIDA (MCS) in the final development of scripts for a 20 episode radio soap opera about AIDS. MCS has already prepared detailed initial script drafts and is working with AIDSTECH on refining and pretesting these as plans are underway for studio recording of the initial episodes.

As part of the on-going assistance to the Ghana Armed Forces (GAF), AIDSTECH worked with GAF staff to develop a comprehensive training program for all health officers and facilitated links between the GAF and the Health Education Division of the Ministry of Health to initiate the development of AIDS education materials targeted towards soldiers.

In Cameroon, AIDSTECH took part in facilitating the first phase training in the development of a national AIDS prevention counseling system. AIDSTECH has worked closely with NACP staff and health care providers throughout Cameroon to develop the detailed workplan and long-term training strategy to put such a counseling system in place throughout the country.

AIDSTECH has worked closely with the Ministry of Public Health and NGOs in Thailand to develop a large-scale training program for the five northernmost provinces (Chiang Mai, Chiang Rai, Payao, Lamphoon, and Lampang) to prepare health workers to provide effective prevention counseling and implement quality AIDS education programs.

Upcoming activities include providing technical assistance in STD diagnosis and counseling in Kenya, project management in Nigeria and the Eastern Caribbean, continuing expansion of peer educator training in Brazil, a regional quality assurance for laboratory supervisors workshop in Kenya, and focus group training in Nigeria and the Eastern Caribbean.

Materials being developed for use in the field include a guide to STD Algorithms for pharmacists and MDs, a project management manual for project managers in the field, a training module for a project management workshop, a manual for training in modeling techniques, a training manual for a workshop in quality assurance for laboratory supervisors, and a manual for training focus group moderators.

Lessons Learned

Since 1988, AIDSTECH has worked on the IEC components for 15 projects in 11 countries and has conducted 15 workshops in nine countries. The following lessons have been learned:

- o A two phase training process will involve in-country participants in the design and implementation more effectively than single episode trainings conducted by external organizations.
- o In the Eastern Caribbean, literal representations of IEC materials are preferred.
- o STD clinic educational programs need a range of targeted materials designed to reach patients with prevention messages and support clinic staff in their work.
- o Workshops have confirmed the appropriateness of the competency-based approach to training. They demonstrated that significant gains in skills and knowledge can be obtained with minimal outlay, provided that initial planning and coordination are accomplished well before the workshop date.
- o The project development process has been an educational experience for PVOs and community-based organizations conducting training in that it obliges them to define precisely the outcomes they expect from a given project, examine the resources required to achieve those outcomes, and devise strategies for accomplishing them.

5. CONDOM MANAGEMENT

General Strategy

AIDSTECH's efforts in this area focus on three basic objectives: (1) to improve the consistency and quality of condom supplies for AIDS prevention projects, (2) to maximize the accessibility of condoms for AIDS prevention, and (3) to improve the financial sustainability of condom supplies.

Improving Condom Logistics. Condoms for AIDSTECH behavior intervention projects are generally provided from in-country stocks of USAID condoms managed at the national level. Ensuring that supplies move from central warehouses (where they are often plentiful) to individual projects outlets (where they are frequently out-of-stock) starts with effective condom logistics planning. AIDSTECH assists AIDS project managers in estimating condom requirements, establishing

management information systems to track condom supply levels, improving intermediary storage facilities at the project level, and exploring solutions to transportation logistics problems. AIDSTECH's assistance in condom logistics is designed to work effectively with AIDS program managers who do not have full-time condom logistics staff and for whom condom distribution is one component of their multifaceted HIV prevention program.

Enhancing Condom Distribution. To maximize condom use, condoms must be accessible through many different distribution channels. AIDSTECH continues to work with countries to develop strategies which forge partnerships among government, private sector, and non-governmental organizations to promote a diverse array of condom distribution systems. These systems include free clinic-based programs, community-based distribution through peer educators and non-traditional outlets such as bars and hotels where condoms may be provided free of cost or sold for nominal prices, and social marketing of price-subsidized, brand-name condoms in pharmacies and other retail outlets.

Sustainability of Supply. Despite their low-unit price, condoms are one of the most expensive components of any AIDS prevention program. Ensuring an adequate long-term condom supply will require greater national attention to cost recovery and innovative means of sharing the financial burden. AIDSTECH can assist countries in establishing cost recovery programs for condoms, budgeting for condoms supplies in AIDS prevention programs, and exploring options for cost-effective long-term supplies. Improving the storage and management of condom supplies to reduce wastage of these perishable items can also make a significant contribution to cost containment and improved resource allocation.

Project Progress

During the reporting period, a Project Condom Plan form was developed to improve project level condom logistics for AIDSTECH projects. Field testing will be conducted during the next six months.

Technical assistance for condom planning will be provided to sexual intervention projects in the Philippines and Nigeria.

AIDSTECH is developing materials to be used at the project level by non-logistics personnel to improve the storage and management of condoms. A consumer-oriented flyer also is being developed to encourage proper handling and storage of condoms to reduce breakage and deterioration at the consumer level.

6. DEVELOPMENT OF SURVEILLANCE SYSTEMS

General Strategy

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

- o HIV surveillance; and
- o targeted STD surveillance.

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

Since WHO/GPA has now developed standard training materials for HIV sentinel surveillance, there is only a limited need for AIDSTECH technical assistance in this area. AIDSTECH will continue to support surveillance where projects have already been initiated and will respond to special requests for technical assistance as appropriate.

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

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

Project Progress

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

Over the past couple of years, it has become apparent that HIV seroprevalence levels in urban areas can rise rapidly and stabilize almost as rapidly as the reservoir of people with the most dangerous behaviors is infected. Modeling has shown, however, that a "stabilization" of HIV seroprevalence levels does not necessarily mean that an equilibrium has been reached between the number of people progressing to AIDS and the number of seronegative migrants entering the city versus the number of new infections. Data from Malawi and other countries show that urban HIV seroprevalence can jump from near 0% to 10% or 20% within two years or three years and may then stabilize at that level. In other words, after passing through a brief epidemic phase, HIV is now endemic in many African cities.

Cameroon has so far avoided a rapid rise in HIV seroprevalence. HIV levels in pregnant women have remained fairly low (around 1%) over the past two years, despite the documented presence of the virus in high-risk groups such as prostitutes. The trend in surveillance data from STD patients, however, shows that the rate of HIV infection among STD patients has doubled between 1989 and 1990.

AIDSTECH continues to plan for the implementation of targeted STD surveillance activities as part of the evaluation component of its high-risk intervention projects. In addition, STD surveillance will be an important part of the evaluation of the proposed project for social marketing of STD treatments.

Lessons Learned

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

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

7. RESEARCH

General Strategy

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

The components of the research strategy include:

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

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

Essential to the measure of project or program outcomes is monitoring and documenting the process and content of an intervention. AIDSTECH has developed and implemented a standardized quantitative report of project activities in its intervention projects. This report allows for the monitoring of project outputs such as the quantity of condoms and/or educational materials distributed, the number of individuals contacted/educated, and the number of examinations/tests performed each month. These reports aid managers of intervention projects in the monitoring of progress in the field and provide AIDSTECH with specific measures of project output for use in process and outcome evaluations and the assessment of cost-effectiveness.

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

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

Epidemiological Research. AIDSTECH's activities in the area of applied epidemiological research have centered around the association of other STDs with the transmission of HIV and the evaluation of barrier methods and spermicides in the prevention of HIV transmission. The provision of technical assistance to establish and use data from surveillance systems for both HIV and STDs has been a major activity in this area.

These systems not only will provide long-term information regarding trends in these diseases but also can serve as evaluation tools for large-scale intervention projects.

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

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

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

Each Fellow undertakes a research project in collaboration with a developing country counterpart and under the auspices of a collaborating institution of the country. The project focuses on issues and questions that are relevant to the country's AIDS prevention program. The AIDSTECH Behavioral Research Specialist and other FHI/AIDSTECH staff provide consultation and support at all stages of the work, from site selection to project implementation to publication of the findings.

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

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

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

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

Project Progress

Three AIDSTECH staff members participated in a series of meetings which included representatives from AIDSCOM, CDC, and USAID to develop indicators for the assessment of national AIDS control programs in the area of prevention of sexual transmission. Six indicators were selected, and follow-up sessions took place to refine the instruments and methodologies and to expand upon areas not completely addressed by the six chosen indicators.

The six indicators chosen by the group are listed below:

1. Age-specific HIV and syphilis infection rates among pregnant women aged 15-24.
2. The percent of young men aged 15-24 who report having had urethritis within the last six months.
3. The overall frequency of condom use (always, sometimes, never) and percent of condom use during last sexual contact, as well as partner-type specific condom use rate.
4. The mean, median, and mode for the number of sexual partners in the last month.
5. The number of condoms sold/distributed.
6. The percent of health care providers that correctly manage STDs.

A follow-up meeting with GPA and PAHO representatives will be held in May, when the small working groups will report back on their activities.

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

The Fellows Program selected as its first Behavioral Research Fellow Dr. Priscilla Ulin, a medical sociologist and Associate Professor in the Department of Community and Mental Health, School of Nursing, University of North Carolina at Chapel Hill. Dr. Ulin collaborated with a Kenyan psychologist, Dr. Lillian Kimani, to develop a study of AIDS prevention and decision-making among rural women of Kenya. The Kenya Red Cross, as the collaborating institution, accepted the project and submitted it to the AIDS Programme Secretariat (APS) for approval. Delays in the APS approval process have made it advisable to discontinue project development in Kenya at this time. Dr. Ulin has subsequently contacted individuals in Haiti, Trinidad, St. Lucia, Uganda, and Cameroon with the expectation of relocating the research and adapting it to specific AIDS prevention issues in one of these countries.

In March, 1991, the program selected Ms. Michelle Lewis, a Ph.D. candidate at American University, as its second Fellow. Ms. Lewis will work in Dakar, Senegal, under the direction of the National AIDS Control Program, to conduct a study of the perceptions of Senegalese women concerning HIV infection and AIDS prevention for themselves, their partners, and their children.

An additional Fellow will be selected in the 1991-92 academic year.

Behavioral Research Grants Program applications were reviewed both for scientific and technical merit and for programmatic relevance to funding agency priorities, including the potential for strengthening capabilities of developing country researchers and the relevance to intervention programs. The Behavioral Research Grants Program Committee approved nine grants.

In November, 1990, AIDSTECH conducted an orientation workshop for all U.S. Principal Investigators at FHI headquarters in North Carolina. A team comprised of AIDSTECH, A.I.D., and NIH personnel visited research sites in Botswana, Uganda, and Zimbabwe. Site visits will be completed in the next six months. Research progress to date will be evaluated and recommendations made for research design modifications prior to Phase II funding.

8. HEALTH CARE FINANCE ASSISTANCE

General Strategy

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

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

Project objectives are to:

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

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

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

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

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

Economic Impact of AIDS. Despite a growing concern over the economic burden the AIDS epidemic is imposing on many countries, specific data on the costs of AIDS are scarce. Only a few international studies have estimated the direct and indirect costs of AIDS, and the effectiveness of these studies has been severely limited by incomplete data and inconsistent methodologies. The resulting weak data base on the direct and indirect economic burden of AIDS has slowed the development of adequate plans to combat an economic problem that is far more serious than the available statistics suggest.

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

Project Progress

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

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

AIDSTECH has developed a simple decision-support model for blood collection and processing. This costing model will provide developing countries with a user friendly computerized tool which can be used to improve blood collection, processing, and transfusion. It will assist countries in: measuring met and unmet demand for blood services; measuring existing resources and resource shortfall for meeting the demand; projecting demand and the need for resources; and planning for the cost of alternative scenarios for improving or expanding blood transfusion services. The model will also provide a country mapping of existing resources for supplying and processing HIV-free blood. This model has been programmed to reflect the

costs and impacts of various country-specific strategies. Currently, AIDSTECH is evaluating this model in the Dominican Republic. Within the next six months AIDSTECH will test this model with data from the Dominican Republic, Trinidad and Tobago, and the Philippines.

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

Lessons Learned

Since 1987, AIDSTECH has worked on 13 health care finance activities in nine countries. The following lessons have been learned:

- o There is a great need for developing and institutionalizing routine cost data collection and analysis for AIDS programs. Few data are available on the costs of prevention interventions. Discrete analyses will not, in the long run, be sufficient for effective program planning and management.
- o There has been little attention paid to the economic/cost impact of AIDS. A significant portion of the cost is for treating persons with AIDS. Findings from the AIDSTECH study in Mexico indicate opportunities to curtail these costs through improved planning and efficient treatment programs and possibly to release resources to prevention programs.

B. OTHER ACTIVITIES

1. AIDS AWARENESS AND MATHEMATICAL MODELING

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

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

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

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

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

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

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

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

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

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

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

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

AIDSTECH organized a meeting of modeling experts which was held at the Centers for Disease Control (CDC) and attended by members of the Interagency Working Group, modelers from the World Bank, and staff from Research Triangle Institute. The meeting resulted in an informal consensus on a range of values for the AIDS transmission rate with and without STDs, and participants also discussed which parameters should be used for simultaneous modeling of STDs under different levels of health care.

One of the outcomes of the CDC meeting was advice from the participants to use modeling to help estimate the benefits (numbers of HIV infections avoided) of intervention programs. Without modeling, short term, direct estimates of the number of infections avoided would suggest that it is most cost-effective to intervene in countries with high seroprevalence rates. However, the use of the longer term perspective given by modeling suggests just the opposite.

2. INFORMATION DISSEMINATION

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

The AIDSTECH AIDS database has added 250 documents since the last reporting period and currently has over 4,000 documents, including journal articles, books, reports, pamphlets, presentations, guidelines, trip reports, and training materials cataloged by subject, author, and title. Articles are chosen for the database from a selected list of general medical, public health, and AIDS-related journals, regular searches of MEDLINE and other databases, specialized indices, material requested or provided by the AIDSTECH staff, and documents generated by WHO/GPA, A.I.D., AIDSTECH, and other programs. The material covers AIDS-related aspects of public health, epidemiology, health policy and planning, program development and evaluation, diagnostic tests, blood supply testing and management, high-risk behavior groups, health education, and training.

Documents for the bimonthly mailings are selected on the basis of technical accuracy, regional appropriateness, topical relevance, and suitability for an audience of varied levels of expertise. AIDSTECH currently mails 975 information packages in English to USAID missions, A.I.D., AIDS country coordinators, national AIDS committees, private and non-governmental organizations, and individuals in developing countries.

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

During this reporting period, AIDSTECH mailed three English and two French information packages to individuals and institutions in the developing world. Two of the English mailings had a special theme: one was on Health Care Finance and Sustainability, and the second was on AIDS and Ethical Issues. (See Appendix 3).

In addition, USAID missions and selected individuals working directly with the AIDSTECH program receive a subscription to Current AIDS Literature. Currently, AIDSTECH provides 150 free subscriptions.

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

- o WHO AIDS Series no. 5: Guide to Planning Health Promotion for AIDS Prevention and Control (in Spanish).
- o The Handbook for AIDS Prevention in Africa, edited by Peter Lamptey, M.D., Dr. P.H. and Peter Piot, M.D., Ph.D. Published by Family Health International, RTP, NC, 1990.
- o AIDS 90 Summary: A Practical Synopsis of the VI International Conference, June 20-24, 1990, San Francisco.
- o A Colour Atlas of AIDS in the Tropics. E/BS edition Wolfe Medical Publications, London, 1989.

AIDSTECH Technical Information Mailings. Recognizing the need for up-to-date technical information on the rapidly changing field of HIV diagnostics and safe blood supplies, AIDSTECH has developed an information dissemination program targeted for laboratory and blood specialists. The pilot program started in the previous reporting period and was evaluated after the first three mailings. Based on the evaluation, it was decided to expand and continue the program. Fifty additional colleagues have been added to the list. Immunofluorescence Assay and Confirmatory Testing for Detection of HIV Antibody, the fourth technical mailing and the first mailing of the expanded program, was mailed in late March, 1991.

AIDSTECH program updates and special articles on AIDS also are disseminated through FHI's quarterly newsletter, Network. A special Network issue on AIDS and behavior change will be published by June. Issues in French and Spanish also will be available.

3. CONFERENCES

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

AIDSTECH sponsored 16 African colleagues to the V International Conference on AIDS in Africa, Kinshasa, Zaire, October 10 - 12, 1990. Seven papers and one poster were presented from AIDSTECH-funded projects. AIDSTECH staff conducted two pre-conference workshops in French and English for colleagues working with high-risk behavior groups and blood screening programs; the first workshop addressed issues in implementing targeted interventions for prevention of sexual transmission of HIV, and the second workshop dealt with the evaluation of blood screening programs. Forty-five blood bank managers and laboratory staff attended the Evaluation of Blood Screening Programs. The workshops on Issues in Implementing Targeted Interventions for the Prevention of Sexual Transmission of HIV had 46 participants. Workshop reports are

available in French and English. AIDSTECH launched the privately-funded Handbook for AIDS Prevention in Africa, edited by Peter Lanptey and Peter Piot, at this conference. The French Edition will be available for the VII International Conference on AIDS.

In addition to the AIDS in Africa conference, AIDSTECH funded six participants from collaborating NGO institutions (in Thailand, Morocco, Kenya, Brazil, the Philippines, and Mexico) to the Second International Conference of AIDS-related Non-governmental and Community Organizations Paris, November 1 - 4, 1990.

Three AIDSTECH staff members and one colleague from IMPACT/Haiti presented posters and papers at the Montreux International Conference: Assessing AIDS Prevention, October 29 - November 2, 1990.

Three AIDSTECH staff members and eleven colleagues from Latin America and the Caribbean attended the Regional Meeting on Behavioral Interventions for STD and AIDS Prevention in Jamaica, December 8-11, 1990. Five papers were presented from AIDSTECH-funded projects.

AIDSTECH also sponsored Mr. David Schulman, Attorney-expert on AIDS/HIV Discrimination, and Dr. James Daley to present papers at the World Congress on AIDS in Bombay, India, December, 1990.

In preparation for the VII International Conference on AIDS, AIDSTECH has submitted 26 abstracts on behalf of AIDSTECH staff and colleagues in the field for presentation at the meeting. AIDSTECH will support 23 colleagues from collaborating institutions to the conference.

4. INTERNATIONAL TRAINING PROGRAMS

In order to improve the research, IEC, and epidemiological skills of developing country researchers, AIDSTECH has established an International Training Programs Fund. During the last six months, AIDSTECH has provided funds for three grantees:

- o One Zimbabwean colleague, Ms. Miriam Nhariwa, attended the International Workshop on Preventing Sexual Transmission of HIV and Other STDs in London, spent one week at St. Mary's Hospital to observe the STD clinic and counseling and outreach activities, and visited Birmingham Health Authority to observe prostitute and client outreach activities.
- o Two colleagues, Ms. Marie Henry and Ms. Jacinta Burnett, Ministry of Health/St. Lucia, attended a two-week STD Clinical Comprehensive course at Baltimore STD/HIV Prevention Training Center in Maryland.

5. SMALL GRANTS PROGRAM

The AIDSTECH Small Grants Program was developed to encourage private voluntary organizations (PVOs) to become involved in AIDS prevention activities. PVOs, with their broad network, extensive experience in health service delivery, and demonstrated ability for capacity-building at the community level, are often well-placed to carry out HIV/AIDS programs.

The Small Grants Program Review Committee meets regularly to make funding recommendations on concept proposals that have prior support of the relevant national AIDS committee and USAID mission. Reviews were held in November, 1990 and March, 1991. Of the sixteen proposals reviewed, eight received favorable recommendations, five received suggestions for resubmission, and three were rejected by the committee.

Successful proposals were submitted by The Association de Lucha Contra el SIDA of Costa Rica, for an AIDS prevention and information Hotline; Project HOPE, for a Brazilian project to work with traditional healers; PLUS in the Dominican Republic, for volunteer training; FUCES in the Dominican Republic, for an educational theater presentation; KANU Maendeleo Ya Wanawake of Kenya, for a training program in AIDS Education and condom promotion; Tenwek Hospital, for an AIDS prevention program in rural Kenya; Solidarity and Life in the Mexican city of Netzahualcoyolt, for an education program for preventing AIDS in women living among HIV+ persons; and Via Libre in Peru, for a program to integrate persons with HIV/AIDS in a primary prevention project.

Since the beginning of the program, a total of 33 proposals have been favorably reviewed by the Grants Program Review Committee. Eighteen projects are now being implemented with funding and technical assistance from AIDSTECH, ten others are in development, and five projects have been terminated due to lack of USAID mission support or by mutual agreement between the PVO and AIDSTECH.

AIDSTECH is currently carrying out a review of the PVO Small Grants Program to assess the Program's current scope and direction, its shift in emphasis, and its potential for the future.

III. REGIONAL PROGRAMS

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

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

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

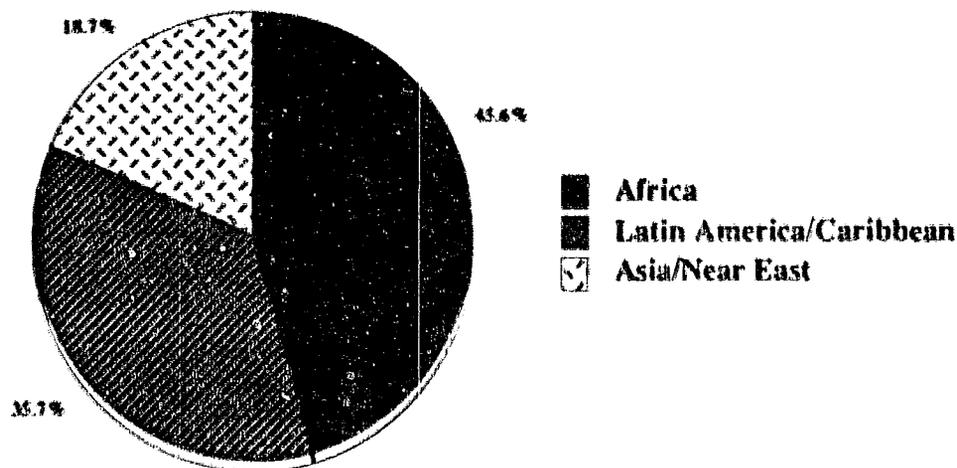
- o prevalence of HIV and/or STD infection;
- o potential for rapid spread of HIV infection;
- o ability of existing health infrastructures or local organizations to implement sustainable programs;
- o high potential for program impact;
- o AIDSTECH contacts in country;
- o willingness of national AIDS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

In each region, AIDSTECH has identified priority countries where major program efforts are underway. Fifteen countries have been designated as extensive program countries (seven in Africa, seven in Latin America and the Caribbean, and one in Asia/Near East).

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

The chart on the following page shows AIDSTECH field-related expenditures by region. About 45% of field-related program resources have been spent in Africa, 36% in Latin America/Caribbean, and 19% in Asia/Near East. The following sections describe the patterns of the epidemic in each of the major regions, outline the general regional strategies for AIDSTECH, and describe ongoing and planned activities for each country.

AIDSTECH Expenditures by Region 1988-1991



A. AFRICA

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

Fifty-two nations have officially reported a combined total of over 83,000 AIDS cases as of February, 1991, but this number represents between one-tenth to one-fifth of the actual number of cases believed to exist. WHO/GPA estimates that 2.5 million Africans are presently infected with HIV and predicts that the continent will have the largest increase in absolute numbers of HIV infection through the next 20 years. At present, the epidemic shows considerable variation by country, but the observed pattern of spread of HIV between regions and among countries in a region suggests that almost all sub-Saharan African countries will be seriously affected sooner or later.

The epidemic in Africa has the following characteristics:

- o Transmission is predominately by heterosexual contact, with rates of infection roughly equal for women and men.
- o The very high STD rates in most African countries are undoubtedly accelerating the heterosexual spread of HIV infection compared to other parts of the world.
- o The epidemic's greatest impact has been on urban areas, particularly in Central and East Africa. Some urban centers have recorded rates of infection as high as 30% among 20 to 49 year olds and over 80% in certain high-risk groups within the population.
- o Both intra- and international migration have played a key role in the epidemic. Men migrate from rural areas to the rapidly growing urban areas to find work, periodically returning to their home villages to visit wives and other family members, thus facilitating the spread of the virus.
- o Almost all African cities attract relatively large numbers of women who exchange sex for money or other economic favors in order to survive. This situation makes for increases in already high STD rates in general and HIV infection in particular and will hasten the spread of HIV in many African countries.
- o As more women of child-bearing age become infected, perinatal transmission plays an increasingly important role in the epidemiology of HIV and is already undermining recent gains in child survival.
- o HIV transmission also occurs through unscreened blood transfusions, but most countries have established blood screening programs, at least in major urban areas, that are reducing this mode of transmission.

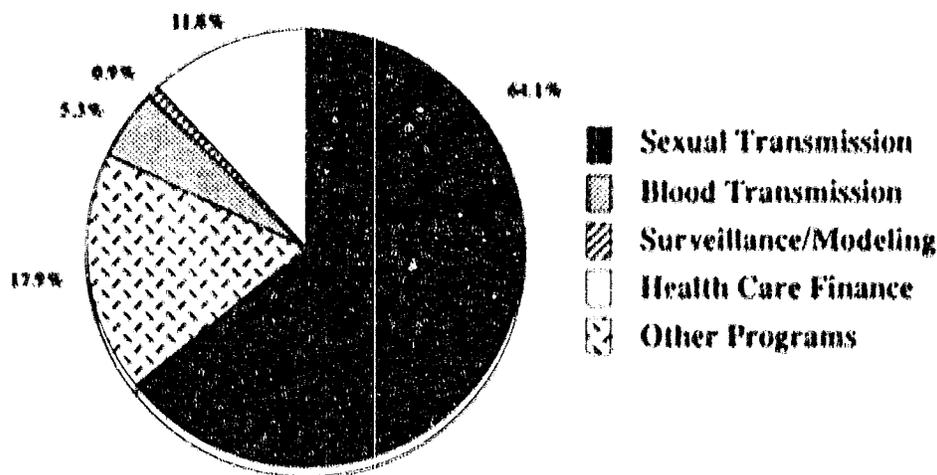
Circumcision and other scarification practices have been identified as potential methods of HIV transmission, but their role is presently believed to be minimal. Intravenous drug use is not a significant mode of transmission in Africa.

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

Planning for program sustainability is an integral part of AIDSTECH activities in Africa. AIDSTECH is sponsoring programs to prevent HIV infection in 15 countries in sub-Saharan Africa; seven of these countries have major program efforts (Burkina Faso, Cameroon, Ghana, Kenya, Tanzania, Zaire, and Zimbabwe). In each country, AIDSTECH works within existing health infrastructures in accordance with the desires of the National AIDS Committee (NAC), USAID mission priorities, and WHO global strategies as reflected in countries' Medium Term Plans. In general, working with a country's NAC, regardless of its level of development, has facilitated AIDSTECH technical assistance by providing an identifiable focus for decision-making and coordinating activities.

The chart below shows AIDSTECH obligations for Africa by program area. The "other programs" category includes needs assessments, project development, general program support, conference attendance support, and training programs in disease control procedures for health care workers. Obligations include 64% for sexual transmission programs and 18% for blood transmission programs.

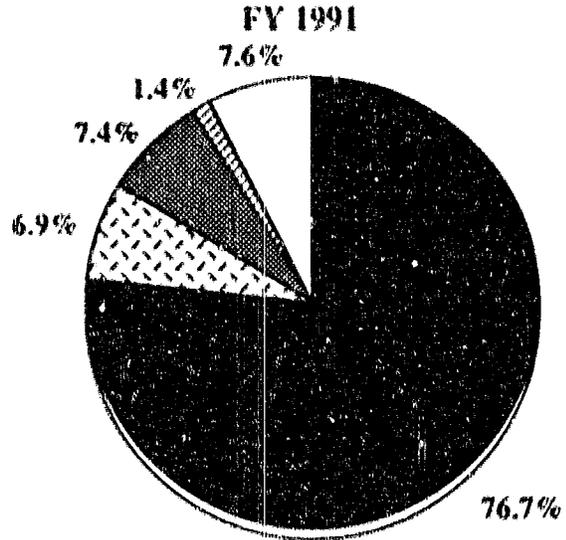
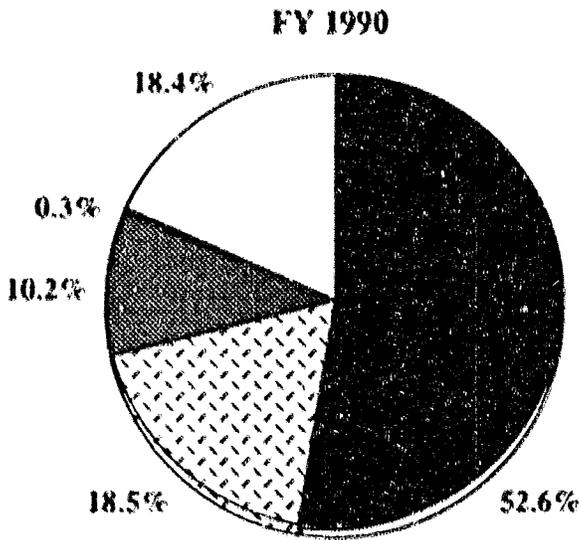
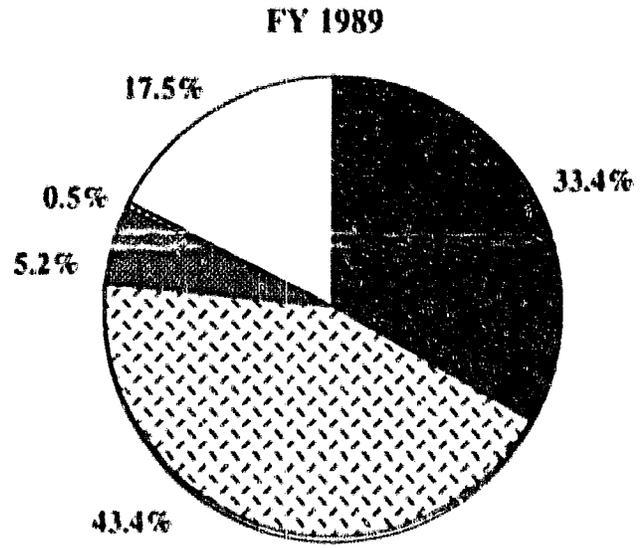
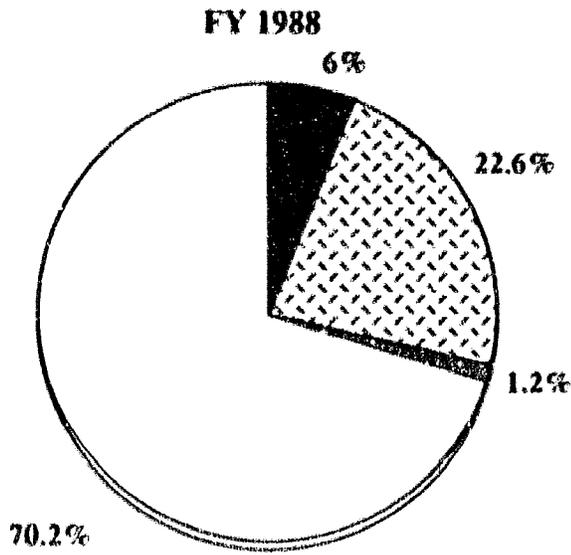
AIDSTECH Obligations By Program Area Africa



The charts on the next page show field-related program expenditures for Africa by program area. Other programs, mainly conference attendance, needs assessments, and project development efforts, accounted for 70% of the 1988 program expenditures; this decreased to about 18% in 1989 and 1990 and to 14% in 1991. Blood transmission expenditures were high in 1988 (43%), decreasing to 7% in 1991. Sexual transmission expenditures, 6% in 1988, increased to 33% in 1989, to 53% in 1990, and to 77% by 1991, showing the progression of project implementation in this program area.

Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the 15 countries where AIDSTECH works are described in more detail below. Accomplishments in the last six months and plans for the next six months are given for ongoing projects and activities. Lessons learned are detailed for projects completed during the reporting period.

AIDSTECH Africa Program Expenditures By Program Area



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

AFRICA INTER-REGIONAL

AIDS Education. A project supported by the AIDSTECH Small Grants Program was initiated with the Adventist Development and Relief Agency (ADRA). ADRA organized and administered a series of workshops at selected locations in Africa. The workshops were designed to influence the behavior of hospital staff, personnel of local PVOs, government health workers, and community members so that they adopt measures for the prevention of the spread of HIV in the context of their work and in their private lives.

Accomplishments in last six months:

- o Workshop planned for Malawi was cancelled.*
- o At least 500 people were trained in knowledge and skills related to AIDS prevention.*

Lessons Learned:

- o Active efforts to involve both the private and government sectors in project planning and implementation can result in very active, enthusiastic cooperation from the government in AIDS education efforts.*
- o Both time and the evidence generated by successful activities can result in an attitude change at the official level and in active support for AIDS education by church groups in Africa.*

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

In conjunction with the REDSO/WCA office in Abidjan, Cote d'Ivoire, AIDSTECH selected Ghana and Senegal for site visits. AIDSTECH assembled two teams of three consultants to conduct the country analyses. The teams identified opportunities for and constraints to integrating child survival and AIDS prevention activities in West Africa.

Accomplishments in last six months:

- o A preliminary report was circulated to REDSO/WCA and country missions for review.*
- o Country report for Senegal was finalized and distributed.*

Plans for next six months:

- o Finalize and disseminate the final report and the Ghana country report.*

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

Accomplishments in last six months:

- o Final approval for the project was received from AID/Washington.*
- o Approvals to film in Cameroon and Zimbabwe were received from Ministries of Health and Ministries of Information.*
- o Director, Producer, camera technician, and crew in Cameroon were identified and hired.*

- o Filming schedule was established.*
- o Editing arrangements were finalized.*
- o Primary content areas were finalized.*

Plans for next six months:

- o Complete filming in Cameroon.*
- o Edit footage obtained in Cameroon.*
- o Begin filming in Zimbabwe.*

Regional Modeling Workshops. Two sub-regional workshops that demonstrate the Modeling of the AIDS epidemic will be held in Zimbabwe and Cameroon with WHO/GPA participation.

Accomplishments in last six months:

- o Approvals were obtained.*
- o Workshops were designed.*

Plans for next six months:

- o Conduct two workshops.*
- o Use simulation modeling to set realistic targets for AIDS prevention programs and to estimate the cost effectiveness of targeted interventions.*

BOTSWANA

Through its Behavioral Research Grants Program, AIDSTECH is funding the University of Illinois and the University of Botswana to conduct a collaborative project on peer education for AIDS prevention among Botswana women.

Peer Education Project. This two stage study will test the effectiveness of a nurse-managed peer-education model for AIDS prevention among Botswana women. Heterosexual transmission is the major route of AIDS transmission in Botswana. Phase One of this study will identify the most important behaviors that contribute to AIDS transmission for women in Botswana, the potential of existing community leaders and women's groups to serve as peer group leaders, and changes in content and service delivery mechanisms needed to adapt the peer education model to the culture, values, and resources of Botswana.

Accomplishments in last six months:

- o Pretest interviews were conducted and interview guides were revised.*
- o Sampling frame was developed.*
- o Qualitative interviews were conducted.*
- o Site visit was conducted by team from A.I.D., NIH, and AIDSTECH.*

Plans for next six months:

- o Analyze preliminary data.*

BURKINA FASO

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

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

Accomplishments in last six months:

- o Thirty-three peer educators have continued distributing an estimated 12,000 condoms per month to CSWs in eight sectors of Ouagadougou.*

Plans for next six months:

- o Finish follow-up KAP survey.*
- o Conduct formal assessment of project activities to date.*
- o Plan further expansion of project activities to six new sectors of Ouagadougou and Bobo-Dioulasso.*

Pilot Condom Distribution Program. A pilot condom distribution program was initiated in which condoms are distributed to small stores, service stations, bars, and nightclubs, all frequented by persons at high risk for HIV infection.

Accomplishments in last six months:

- o Condom sales from commercial outlets continued at a rate of 45,000 per month.*
- o Condom distribution has been initiated in over 38 outlets in Bobo Dioulasso.*

Plans for next six months:

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

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

Accomplishments in last six months:

- o Project proposal review was completed.*
- o All necessary approvals were obtained.*

Plans for next six months:

- o Place the PSI country director in Ouagadougou.*
- o Finalize the implementation contract with the Ministry of Health and Social Action.*
- o Initiate the expanded project.*

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

Accomplishments in last six months:

- o Results from the baseline survey of reported male sexual behavior, condom use, and history of STDs were presented by the Project Manager at the V International Conference on AIDS in Africa, Kinshasa, Zaire, October, 1990.*
- o Several quality assurance procedures were established at the Biology Laboratory at the Centre Muraz.*
- o Baseline HIV surveillance data on male STD patients and pregnant women were collected and analyzed. No isolated HIV-2 cases were found; HIV-1 was the predominant form of infection. The HIV seroprevalence was lower than that reported in Ouagadougou.*
- o Data on the etiologies of male urethritis and genital ulcer disease were analyzed and presented at the 7th African Union on Venereal Diseases and Treponematoses in Lusaka, Zambia.*
- o Study questionnaires were revised.*
- o STD screening of prenatal women resumed.*
- o Monitoring of the etiologies and antibiotic sensitivities of STDs in men resumed.*

Plans for next six months:

- o Complete follow-up screening of STDs in prenatal women.*
- o Complete follow-up monitoring of the etiologies and antibiotic sensitivities of STDs in men.*
- o Complete follow-up sentinel surveillance of HIV in prenatal women and male STD patients.*
- o Conduct a follow-up cross-sectional survey of sexual behavior and STD history on 300 male workers and military men, and analyze results.*
- o Conduct urine leucoesterase testing on all subjects to help validate a current episode of dysuria with or without a urethral discharge.*

BURUNDI

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

Sentinel Surveillance. In collaboration with the epidemiology coordinator of the National AIDS Control Program, a follow-up (cohort) surveillance study of sentinel groups in Bujumbura has been initiated. Three groups were initially chosen: industrial workers, students, and military personnel.

Accomplishments in last six months:

- o Testing of blood specimens from the first cohort was completed, and the results were given to cohort members with counseling. Overall, 15% of the workers were confirmed to be seropositive for HIV infection.*
- o The military group was dropped from the project in order to avoid a duplication of activities already being undertaken by the military authorities.*

Plans for next six months:

- o Enroll and test a cohort of university students.*
- o Retest the worker cohort using an improved questionnaire, and conduct an in-depth analysis of factors associated with seroconversion.*

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

Accomplishments in last six months:

- o AIDSTECH worked to gain approvals.*

Plans for next six months:

- o AIDSTECH will continue to work to gain necessary approvals and develop proposals.*

AIDS Prevention Condom Social Marketing. In collaboration with Population Services International, a distribution system is being developed to increase the availability and use of condoms.

Accomplishments in last six months:

- o Proposals were developed.*

Plans for next six months:

- o Finalize proposal and obtain necessary approvals.*

CAMEROON

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

Sentinel Surveillance. AIDSTECH is providing technical assistance and support to the NACS for an AIDS reporting program and a sentinel surveillance system for HIV and syphilis among pregnant women, STD patients, and tuberculosis patients in Yaounde, Douala, Garoua, and Bertoua.

Accomplishments in last six months:

- o Blood sample collection in Garoua and Bertoua was initiated.*

- o Blood collection in Yaounde and Douala continued; HIV seroprevalence among STD patients increased from 1.6% in 1989 to 3.3% in 1990.*
- o HIV test kits were shipped to the NACS.*

Plans for next six months:

- o Present HIV seroprevalence data from STD patients as a poster at the VII International Conference on AIDS in Florence, Italy.*
- o Add a behavioral component which includes reported male STD history (QuSTD Index) to the sentinel surveillance program.*

HIV Testing, Training and Quality Assurance. AIDSTECH has completed the provision of supplies and training in HIV testing. The focus is now on developing a National Quality Assurance Program.

Accomplishments in last six months:

- o Delivery of 12,000 HIVCHEK for second year of program was completed.*
- o Laboratory inspection program was initiated.*
- o Proficiency testing program was initiated.*
- o Ten Regional Managers of Quality Assurance Program were trained.*

Plans for next six months:

- o Begin analysis of data.*
- o Provide technical assistance to evaluate and improve program.*

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

Accomplishments in last six months:

- o Follow-up KAP surveys of 100 CSWs, 260 potential clients, and 100 STD patients were conducted in Yaounde.*
- o An additional five CSW peer educators were trained in Yaounde.*
- o Five peer educators were trained in Maroua.*
- o An average of 116,000 condoms per month were sold.*
- o CSW condom salespersons have accounted for over 10% of total condom sales in the National Social Marketing Program.*
- o A CSW dramatic troupe continued performances of AIDS prevention in Maroua and Garoua.*

Plans for next six months:

- o Analyze follow-up survey data.*

- o Begin AIDS/STD education sessions at STD clinics with assistance from CSWs.*
- o Recruit additional peer educators at all sites.*
- o Identify two new project sites and expand peer education activities to those sites.*

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

Accomplishment for last six months:

- o Data were collected in Cameroon and Zaire.*

Plans for next six months:

- o Prepare country specific and comparative reports, with recommendations for future social marketing projects based upon the findings.*
- o Present initial findings at VII International Conference on AIDS in Florence, Italy.*

Development of a Counseling Program. AIDSTECH is continuing to work with the NACS to establish a national AIDS prevention counseling program.

Accomplishments in last six months:

- o Report of recommendations for the establishment of a counseling program in Yaounde was completed.*
- o Technical assistance was given in the implementation of two workshops on HIV/AIDS prevention counseling for health care providers in Yaounde.*
- o Proposal to provide technical and financial assistance for regional workshops throughout the country was developed, approved, and funded.*
- o Educational materials for training counselors were developed and procured.*

Plans for next six months:

- o Implement one or two regional workshops.*
- o Develop educational materials for counselors to use with clients.*
- o Provide technical assistance in training of trainers of counselors.*
- o Develop a 12-month implementation plan to promote institutionalization of counseling activities in satellite centers.*

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

Accomplishments in last six months:

- o Product was field tested in Cameroon.*

Plans for next six months:

- o Analyze results.*
- o Develop final report.*

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

Accomplishments in last six months:

- o Participant interviews continued.*
- o Admission data were analyzed and slides were made for a presentation by the Principal Investigator at the V International Conference on AIDS in Africa, Kinshasa, Zaire, October, 1990. HIV infections and syphilis were weakly associated at enrollment; condom use was rare and was not associated with the prevalence of either infection.*
- o Twelve-month follow-up of the cohort of 276 women was completed.*
- o Initial analysis of follow-up data was begun.*

Plans for next six months:

- o Initiate at least two analyses: barrier efficacy against HIV infection; and barrier efficacy against endocervical gonorrhea infection.*
- o Continue plans for further analyses: condom and spermicide acceptability; and comparison of retrospective and prospective reports of numbers of sexual partners.*
- o Continue plans for other potential analyses: syphilis incidence and signs; and symptoms of cervicitis.*
- o Prepare for presentation at the October meeting of the International Society for STD Research (ISSTD) in Banff, Canada.*
- o Prepare for a second presentation which may be made at the AIDS in Africa conference in Dakar, Senegal.*
- o Complete analysis of project data and prepare final report.*

Social Marketing of STD Treatments. This is a pilot test of the viability of using social marketing to improve the treatment of STDs. The project is designed to train pharmacists and other health care providers in simple STD diagnostic algorithms and to improve treatment through the market testing of price-subsidized "treatment kits" which will provide proper course-of-therapy drugs, consumer information, referral cards, and condoms. The project will be conducted in Cameroon's two largest cities, Yaounde and Douala. The marketing component will be integrated with the current condom social marketing project.

Accomplishments in last six months:

- o Proposal draft was completed.*

Plans for next six months:

- o Finalize proposal and obtain government approvals.*
- o Initiate research and marketing components of project.*

Resident Coordinator. Mr. Alexis Boupda Kuate is coordinating AIDSTECH-supported projects in Cameroon. He is assigned to the National AIDS Control Service.

CENTRAL AFRICAN REPUBLIC

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

Accomplishments in last six months:

- o Project design was completed and approval process was begun.*

Plans for next six months:

- o Obtain approvals and begin project implementation.*

GHANA

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

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

Accomplishments in last six months:

- o Entry of data from KAP survey questionnaire was completed.*
- o Focus group discussions with soldiers and officers were held at all garrisons, and data analysis from those focus group discussions was completed. Results showed that soldiers perceive themselves at risk of HIV only when they are stationed outside the country.*
- o Serum collection and storage for HIV and RPR testing was continued at project sites.*
- o Using ELISA, Innolia, and syphilis testing techniques, serum testing was continued.*
- o An overview of the GAF AIDS control program was presented at the V International Conference on AIDS in Africa, Kinshasa, Zaire, October, 1990.*
- o An AIDS/STD education program was developed and initiated.*

- o AIDS messages and posters were developed in collaboration with Apple Pie, a local marketing/advertising firm.*
- o A condom supply and distribution plan was developed.*
- o Blood drawing and HIV/syphilis testing continued.*
- o Renovation and outfitting of the STD clinic was completed.*

Plans for next six months:

- o Initiate condom distribution program.*
- o Train counselors and begin STD counseling program.*
- o Distribute educational materials.*

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

Accomplishments in last six months:

- o Program staff were identified and assigned responsibilities.*
- o Program components and a realistic timetable for activities was developed.*
- o Improved evaluation component was developed and initiated.*
- o Female target communities were identified.*
- o IEC materials were reviewed and education program planning was begun with Apple Pie, a local marketing/advertising firm.*
- o Condom distribution/social marketing planning continued.*
- o Peer educator selection was begun.*
- o Development of training materials and designs for STD brochures was begun.*

Plans for next six months:

- o Complete the follow-up evaluation of the pilot program.*
- o Identify a comparison site.*
- o Train peer educators and begin outreach program.*
- o Finalize condom distribution system.*
- o Coordinate efforts with other targeted intervention programs in Ghana.*

KENYA

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

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

Accomplishments in last six months:

- o Efforts to establish a satisfactory funding mechanism continued. Alternatives for administering funds through WHIO/GPA are being negotiated, as are plans for collaboration on technical assistance.*

Plans for next six months:

- o Finalize collaboration between WHIO and AIDSTECH, ascertain support for collaborative role of WHIO/AIDSTECH from Kenya Ministry of Health, and initiate project.*
- o Identify an NGO or PVO with which to collaborate if collaboration between WHIO and AIDSTECH is not feasible.*

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

Accomplishments in last six months:

- o Implementation plan based on analysis of KAP survey was developed.*
- o Twelve health committee members were trained to assist in educational outreach and project monitoring.*
- o Eleven peer health educators were selected and trained.*
- o Focus group discussions that address AIDS information dissemination were started in truck stops.*
- o Condoms were distributed by bar managers and peer educators.*
- o Condoms were dispensed with soaptowels in some hotels and through eight dispensers located in public places.*
- o Rate of condom distribution has reached approximately 7,000 per month.*

Plans for next six months:

- o Identify cooperating trucking company in Mombasa and implement AIDS education and condom distribution program.*
- o Disseminate, reinforce, and change (if necessary) focused messages on AIDS.*
- o Retrain peer educators to take advantage of project findings.*
- o Conduct at least eight focus group discussions to monitor interventions.*

- o Conduct process evaluation of Tanzania and Kenya's "sister" tractors projects.*
- o Produce and distribute selected materials for promotion of safer sex practices.*

Training Program for Community Based Distributors: Community Education and Counseling for HIV/STDs. Crescent Medical Aid (CMA), a private voluntary organization, delivers medical care and preventive services through its eight clinics to poor communities in and around Nairobi. AIDSTECH is providing technical and financial assistance to CMA to develop and implement a community education and counseling training program for the 16 Community Based Distributors (CBDs) working out of the clinics.

Accomplishments in last six months:

- o CBD reference manual was revised and produced.*
- o AIDS educational booklet was developed for semi-literate adolescents by the community and CMA CBDs, with technical assistance from a local psychologist and CARE/Kenya graphics production staff.*

Plans for next six months:

- o Complete pretesting and produce booklet for semi-literate adolescent population.*
- o Write article for appropriate journal describing the process of community based materials development.*

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

Accomplishments in last six months:

- o Collaborative relationships with the University of Nairobi, University of Manitoba's STD Project, and the Ministry of Health's STD Committee were established and plans were made to pool resources and share technical assistance for training and development of training materials.*

Plans for next six months:

- o Obtain necessary approvals and initiate project.*

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

Accomplishments in last six months:

- o Necessary approvals were obtained and project was started.*
- o Development of script for video tape on counseling began.*
- o Development of curriculum for pre- and post-counseling course for laboratory personnel began.*

Plans for next six months:

- o Develop and produce video for training health care professionals in AIDS counseling.*
- o Complete curriculum and conduct course in pre- and post-test counseling for NPILLS personnel.*
- o Revise and produce manual for training of health care professionals in AIDS counseling.*

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

Accomplishments in last six months:

- o Revisions of draft proposal were completed.*

Plans for next six months:

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

AIDS Prevention Workshops for Family Planning Providers. AIDSTECH, in collaboration with the National AIDS Control Program (NACP) Secretariat, planned to provide technical assistance and financial support to the Family Health Division (FHD) of the Ministry of Health to conduct three workshops on AIDS prevention for family planning service providers. The first workshop was held in Nairobi and trained 24 family planning providers. In lieu of the second and third workshops, AIDSTECH is providing technical assistance and financial support to integrate AIDS prevention education into the curriculum for basic training of family planning workers.

Accomplishments in last six months:

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

Plans for next six months:

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

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

Accomplishments in last six months:

- o Survey was completed.*
- o Technical assistance was given to develop data entry capacity and to finalize a data analysis plan, document sampling strategy, and interviewing procedures.*

Plans for next six months:

- o Initiate focus groups.*
- o Finalize a protocol for analysis of existing sources of information regarding the knowledge and attitudes of adolescents, including an analysis of letters written to radio stations and a review of posters drawn by students.*
- o Hold meetings with other organizations to present findings from the survey, to further inter-agency cooperation, to gain support for recommended policy changes, and to develop options for a pilot intervention.*

Comparative Evaluation of Trucker Interventions. AIDSTECH is conducting a comparative evaluation of the process and outcome of its two trucker projects in East Africa. The routinely collected pre- and post-intervention KAP data on condom use, numbers of partners, and other high risk behaviors will be supplemented with a qualitative and participatory assessment of the implementation of each project, the obstacles encountered and overcome from the implementers' perspective, the target audiences' perception of project activities, and self-reported salience and effectiveness.

Accomplishments in last six months:

- o Protocolscope of work was defined for evaluation.*
- o Consultant was identified to conduct both qualitative components.*
- o Projects were notified of evaluation dates.*

Plans for the next six months:

- o Conduct evaluation in both Kenya and Tanzania.*
- o Write individual and joint reports of qualitative evaluation.*
- o Combine qualitative and quantitative data into final analysis and report.*

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

Accomplishments in last six months:

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

Plans for next six months:

- o Conduct training workshop in quality monitoring.*
- o Implement laboratory inspection program.*
- o Implement proficiency testing program.*

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

Accomplishments in last six months:

- o Training was completed in two sites.*
- o Field testing was completed in two sites.*

Plans for next six months:

- o Analyze data.*
- o Submit final report.*

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

Accomplishments in last six months:

- o Staff training in computer use and data entry continued.*
- o Data analysis was completed.*
- o Routine data entry and reporting on blood donors, units, and recipients continues to be a part of the routine workload at the blood bank.*

Plans for next six months:

- o Prepare guidelines for donor selection and deferral.*
- o Prepare guidelines for improving blood transfusion practices.*
- o Disseminate guidelines.*
- o Present data at the VII International AIDS Conference.*

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

MALAWI

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

Technical Assistance in Epidemiology. AIDSTECH is working with the Malawi AIDS Control Program to improve surveillance of HIV infection and AIDS cases and to project the future impact of the AIDS epidemic.

Accomplishments in last six months:

- o Additional modeling of the epidemic was done, comparing projections made by AIDSTECH/MOH, WHO, and UNICEF. WHO projections were similar to the AIDSTECH/MOH projections; UNICEF projections were higher.*
- o The epidemic's effect on TB cases and infant and child mortality was projected. Projections showed at least a 15% increase in TB cases, a 40% increase in infant mortality, and a 19% increase in child mortality by 2002.*

- o Three protocols for pilot surveillance studies were prepared.*

Plans for next six months:

- o Obtain approval for implementation of the surveillance protocols.*
- o Begin implementation of at least one or two of the protocols.*

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

Accomplishments in last six months:

- o Project was approved.*
- o Study was initiated.*

Plans for next six months:

- o Conduct survey.*
- o Conduct focus groups.*
- o Analyze data.*
- o Train interviewers.*

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

Accomplishments in last six months:

- o Proposal was finalized and sent for approval.*
- o Appropriate project staff were identified.*
- o A plan of analysis was developed.*

Plans for next six months:

- o Finalize plan for project.*
- o Initiate study and continue technical assistance.*

MALI

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

Accomplishments in last six months:

- o KAP questionnaire was pretested.*
- o Interviewers were recruited and trained.*
- o The development of educational materials continued.*
- o The recruitment of peer educators was completed.*
- o KAP of men was completed and data entered.*
- o Condom distribution is ongoing.*
- o KAP of women is ongoing.*

Plans for next six months:

- o Train peer educators.*
- o Hold workshops for bar/ hotel owners.*
- o Complete KAP survey and STD testing of women.*
- o Initiate improved evaluation component.*
- o Expand condom distribution activities.*
- o Develop educational activities for men.*

NIGER

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

Accomplishments in last six months:

- o Focus groups were conducted.*
- o Peer educators were recruited and trained.*
- o Condom distribution and social marketing plan was developed, and condoms are being distributed.*
- o Peer education sessions are ongoing.*
- o STD exams and counseling were begun.*

Plans for next six months:

- o Continue and expand peer education outreach and condom distribution.*
- o Complete KAP surveys.*
- o Develop educational materials and messages.*

NIGERIA

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

Accomplishments in last six months:

- o Educational activities and condom distribution in Calabar are ongoing; 549,465 condoms have been distributed to 1500 women and their clients since project initiation, 270 persons have been examined for STDs, and 100 have received counseling.*
- o Technical assistance from an AIDSTECH condom logistics consultant in condom supply and delivery systems was provided to the project.*
- o Plan for social marketing of condoms was begun.*
- o Educational materials were produced and distributed. A four-scene play was developed and presented to target groups in two towns.*

Plans for next six months:

- o Complete social marketing strategy and begin condom sales.*
- o Plan for project expansion to Ikom in Cross River State and to at least three other states.*

High-Risk Group Intervention Training Workshop. The Intervention with High-Risk Groups in Calabar has provided the stimulus for initiating similar activities in other parts of the country. As a result, the Nigerian Federal AIDS Control Program requested assistance from AIDSTECH to train representatives from five states in project development and proposal writing. The workshop will take advantage of the lessons learned during the Calabar project and will prepare participants to initiate AIDS prevention and condom distribution activities in their home states.

Accomplishments in last six months:

- o Workshop objectives and design were finalized.*
- o Appropriate facilitators for specific sessions were identified.*
- o A training manual for use during the workshop was developed.*
- o Additional information and training materials were compiled.*

Plans for next six months:

- o Conduct and evaluate the workshop.*
- o Explore alternatives for supporting project proposals developed during the workshop.*
- o Follow up project development in several states.*

TANZANIA

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

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

Accomplishments in last six months:

- o A baseline KAP analysis was completed and presented at the Kinshasa AIDS in Africa Conference and at the Tanzania Public Health Association Conference. Results suggest that despite high awareness of AIDS/HIV transmission through sexual intercourse, only 50% reported ever using a condom.*
- o Ten additional peer health educators were selected at Mlandizi, Ilula, Makubako and Msamvu truck stops and initial training was completed.*
- o 2,500 informational posters were printed for distribution. The NACP will also be printing them for national distribution.*
- o The following additional materials were also produced: 2,500 stickers; 5,000 PANDE books; 100 condom dispensers; 100 ashtrays; and 100 recorded cassettes with AIDS messages.*
- o AIDS awareness meetings were held at Tanzania Breweries and Interfreight Trucking Company.*
- o AIDS Prevention drama play was developed and performed at two trucking companies and six truck stops.*
- o Two million condoms have been distributed at six truck stops and two trucking companies during 18 months.*
- o A member of the AMREF project staff was appointed to the National Condom Committee.*

Plans for next six months:

- o Conduct a post-intervention KAP survey.*
- o Continue AIDS education and condom distribution program at trucking companies.*
- o Implement continuing training plan for Public Health Educators (PHEs).*
- o Develop a manual for trainers of peer health educators.*

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

Accomplishments in last six months:

- o Available STD services and practices in STD management were assessed. Local consultants were identified to help upgrade services.*
- o Program proposal was reviewed and revised in Tanzania.*

Plans for next six months:

- o Finalize project plans and initiate activities.*

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

Accomplishments in last six months:

- o NACP approval was obtained.*
- o Recruitment and selection of field workers was completed.*
- o Training manual for field workers was developed.*
- o Mlandizi, Msamvu, and Ndiuka were identified as study sites.*

Plans for next six months:

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

Comparative Evaluation of Trucker Interventions. AIDSTECH is conducting a comparative evaluation of the process and outcome of its two trucker projects in East Africa. The routinely collected pre- and post-intervention KAP data on condom use, numbers of partners, and other high-risk behaviors will be supplemented with a qualitative and participatory assessment of the implementation of each project, the obstacles encountered and overcome from the implementers' perspective, the target audiences' perception of project activities, and self-reported salience and effectiveness.

Accomplishments in last six months:

- o Protocolscope of work was defined for evaluation.*
- o Consultant was identified to conduct both qualitative components.*
- o Projects were notified of evaluation dates.*

Plans for next six months:

- o Conduct evaluation in both Kenya and Tanzania.*
- o Write individual and joint reports of qualitative evaluation.*
- o Combine qualitative and quantitative data into final analysis and report.*

Resident Coordinator. Ms. Anne Outwater continues to coordinate and monitor all AIDSTECH-supported activities in Tanzania and work with the Kenya Resident Coordinator to develop the regional program in East Africa.

UGANDA

AIDS Modeling Project. AIDSTECH and The Futures Group are field testing the AIDS simulation model in Uganda. The iwgAIDS simulation model of the AIDS epidemic is very useful in addressing difficult policy issues and comparing various prevention and control strategies. Uganda is the first African country to use the model.

Accomplishments in last six months:

- o A presentation by John Stover of The Futures Group helped bring about a major policy change by President Museveni. After presentation of the AIDS Impact Model, President Museveni said that he had been convinced that condoms should be used to help slow the epidemic, a major change from previous opposition to condom distribution.*

Plans for next six months:

- o Train local officials to present the results of the model to other audiences.*

Sociocultural Context of AIDS Prevention. Through its Behavioral Research Grants program, AIDSTECH is funding Case Western Reserve University, the Experiment in International Living, and Makerere University to conduct a collaborative project on the sociocultural context of AIDS prevention in Uganda. The proposed research will examine determinants of behavioral risk reduction in a population served by the AIDS Information Center in two regions of Uganda. The research will: (1) assess whether knowledge of serostatus leads to behavior change, thereby reducing HIV transmission; (2) compare sexual risk behavior practices in the groups served by the AIDS Information Centers; (3) test the cross-cultural predictive value of the "Health Belief Model" and the "AIDS Risk Reduction Model" in explaining variations in behavioral risk reduction in the study population; and (4) examine the relative importance of marital status, gender relations, cultural rules guiding sexual behavior, and economic constraints as explanatory determinants of sustained sexual behavioral change.

Accomplishments in last six months:

- o Demographic questionnaire was completed by 1,000 individuals served by the AIDS Information Center.*
- o Feasibility study interview instruments were revised.*
- o Interviewers for feasibility study were trained and data collection was initiated.*
- o Site visit was conducted by a team from A.I.D, NIH, and AIDSTECH.*

Plans for next six months:

- o Revise research instruments and modify methodology to respond to site visit team recommendations.*
- o Establish overall training plan for all training activities.*
- o Develop procedures manual for all project personnel.*
- o Conduct second site visit in September/October, 1991.*

ZAIRE

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

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

Accomplishments in last six months:

- o Over 2.8 million condoms have been sold since the the project began.*
- o Project activities were expanded to Kisangani and Lubumbashi.*
- o Fifteen members of an indigenous women's professional organization were trained as peer educators.*
- o Over 175,000 pocket calendars and 350,000 flyers containing AIDS-prevention information were produced for distribution in bars/clubs and hotels.*

Plans for next six months.

- o Evaluate project activities to date.*
- o Continue sales and promotions in Goma, Matadi, Kisangani, Lubumbashi, and Kinshasa.*

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

Accomplishments in last six months:

- o Data were collected in Zaire and Cameroon.*

Plans for next six months:

- o Prepare country specific and comparative reports, with recommendations for future social marketing projects based upon the findings.*
- o Present initial findings at the VII International Conference on AIDS in Florence, Italy.*

HIV Screening Program in Rural Hospitals of Zaire. AIDSTECH is developing a project with Projet Sante Rural (SANRU) to establish and evaluate a comprehensive and sustainable HIV testing system in 24 hospitals in rural Zaire. This project will improve both the safety of the blood supply and the diagnostic capabilities of rural hospitals and will serve as a model for other countries.

Accomplishments in last six months:

- o Proposal was developed.*
- o Procurement issues were clarified.*

Plans for next six months:

- o Obtain necessary approvals.*

Vaginal Drying Practices. AIDSTECH will provide technical assistance to the Christian Medical Institute of Kasai (IMCK) Clinic team in conducting a study to investigate vaginal drying practices in Kananga, Zaire among women with multiple partners. The use of astringents is hypothesized to result in damage to the vaginal mucosa, thereby creating a conducive environment for the transmission of infectious organisms, including HIV. This study will investigate the frequency of and circumstances surrounding "dry sex" practices and the secondary physical effects of preferred drying methods.

Accomplishments in last six months:

- o Project proposal was completed.*

Plans for next six months:

- o Send proposal to FHI's Protection of Human Subjects Committee for review.*
- o Obtain project approvals.*
- o Initiate project.*
- o Recruit volunteers.*

Modeling of the AIDS Epidemic. The Africa Bureau has provided funding for AIDSTECH to conduct modeling of the AIDS epidemic in Zaire. HIV seroprevalence in Kinshasa seems to have reached an equilibrium at a level between 5% and 10%.

Accomplishments in last six months:

- o During the AIDS in Africa conference in Kinshasa, the iwgAIDS model was demonstrated to Mission personnel; informal discussions with the Mission followed.*

Plans for the next six months:

- o Invite two members of the Zaire National AIDS Control Program to participate in the sub-regional workshop on modeling to be held in May in Douala, Cameroon.*
- o Discuss possible follow-up activities during the conference.*

ZIMBABWE

Zimbabwe is an AIDSTECH Extensive Program Country. Components of the program include four interventions with targeted populations and a behavioral research study on condom use.

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

Accomplishments in last six months:

- o Educational outreach and condom distribution continued in bars, hotels, and women's residences.*
- o Twenty-two additional peer health educators (PHEs) were trained.*
- o Prevention outreach to workplaces continued.*
- o Total condom distribution for the life of the project, including a short pre-project period, surpassed 500,000.*

- o Development of cooperative agreement with PHEs was initiated; preliminary craft training was implemented; by-laws were drafted.*
- o Technical assistance was provided in the development of plans for similar AIDS prevention projects in Masvingo and Kariba.*
- o Daily individual and group STD/HIV prevention counseling by PHEs in an STD clinic was initiated.*
- o A support group for people with AIDS (FWAs) was established in collaboration with local NGOs.*
- o An ethnographic study of local trucking industry was completed and analysis is ongoing.*

Plans for next six months:

- o Present results of trucker's ethnographic study at the VII International Conference on AIDS in Florence, Italy.*
- o Continue technical assistance for implementation of AIDS prevention projects in Masvingo and Kariba.*
- o Assist PHEs in development of an income-generating cooperative; finalize by-laws; continue training.*
- o Complete evaluation of the pilot-project; write final report.*
- o Develop and submit plan for project extension into other target groups in Bulawayo.*

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

Accomplishments in last six months:

- o Project plan was approved and initiated.*
- o 300,000 condoms procured from GPA were distributed.*
- o Baseline data collection was completed and analysis was begun.*
- o Six branch AIDS coordinators were identified.*
- o Film documentary on project activities was broadcast on Zimbabwe television.*
- o Educational meeting for 40 Farm Association members and farm workers was conducted.*

Plans for next six months:

- o Complete analysis of baseline data.*
- o Complete identification of branch coordinators.*
- o Train branch coordinators through workshops.*
- o Expand program to additional farm sites.*
- o Initiate study tour to Uganda for project coordinator.*
- o Procure educational equipment and supplies.*

STD/AIDS Prevention Education and Condom Distribution in Masvingo This project is a replication, with modifications, of the Intervention with High Risk Groups in Bulawayo. The project will be implemented by the Health Department of the Municipality of Masvingo and combines an intensive intervention with core groups vulnerable to HIV infection with a community-wide outreach to other residents in Masvingo.

Accomplishments in last six months:

- o Project plan was developed and initial approvals were obtained.*

Plans for next six months:

- o Obtain final approval from Masvingo City Council and Masvingo Health Department.*
- o Initiate project activities.*

Community Base, HIV Prevention Program in the Town, Lake Shore, and Rural Hinterland of Lake Kariba, Northern Zimbabwe. This project will be the second replication of the Intervention with High Risk Groups in Bulawayo. This project will be implemented by the Kariba District Hospital in conjunction with personnel from the Kariba Town Health Services and will target women with multiple partners and their partners (including commercial fishermen). The project will also include a workplace and youth component.

Accomplishments in last six months:

- o Project plan was developed and review was begun.*

Plans for next six months:

- o Gain necessary approval for proposed plan.*
- o Initiate program.*

Understanding Condom Use and AIDS Prevention. Through its Behavioral Research Grants Program, AIDSTECH is funding the University of Washington and the University of Zimbabwe to conduct a collaborative project on understanding condom use and AIDS prevention in Zimbabwe. The project will apply attitude and behavior theory to the identification and understanding of the factors affecting patterns of condom use in individuals who engage in sexual behavior which puts them at risk for acquiring HIV. An expanded version of Fishbein's Theory of Reasoned Action (TRA) will be used as the theoretical framework. The most salient cultural experiences, beliefs, social normative influences, past experiences, and facilitating conditions associated with using or not using condoms will be identified. Based on this information, survey instruments will be designed to measure each of the model components as well as the rate of condom use.

Accomplishments in last six months:

- o Project advisory committee with representatives from the University of Zimbabwe and the communities of Harare and Bulawayo was established.*
- o Target groups were identified.*
- o Interview protocol was developed.*
- o Interviewers were selected and training was initiated.*
- o Site visit was conducted by team from A.I.D., NIH, and AIDSTECH.*

Plans for next six months:

- o Finalize the sampling strategy.*
- o Recruit the 2,200 participants.*

Special Evaluation of Targeted Interventions. This study will evaluate the effectiveness of AIDSTECH supported interventions with commercial sex workers and their clients in Masvingo, Bulawayo, and Kariba, Zimbabwe. Specifically, the study will provide AIDSTECH with the data to answer questions regarding: (1) program coverage, such as the proportion of the high-risk target population that is reached by the intervention and the characteristics of those reached vs. not reached; (2) program impact, such as whether condoms are used more consistently among those exposed to the program than among those not exposed to the program; and (3) methodological issues, such as the validity of self-reported estimates of condom use.

Accomplishments in last six months:

- o Proposal was finalized.*

Plans for next six months:

- o Obtain approvals.*
- o Initiate project.*

B. LATIN AMERICA AND THE CARIBBEAN

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

HIV infection struck early and hard in the Caribbean. The first case of AIDS in the Caribbean was reported in Jamaica in 1982. Several countries in the region (Trinidad and Tobago, Barbados, Bermuda, Guadalupe, Bahamas, and Haiti) have experienced some of the world's highest infection rates. Unfortunately, an already serious situation is threatening to get worse as a predominantly youthful population enters its most sexually active years during the next decade. Forty-two countries in Latin America and the Caribbean have officially reported a combined total of over 33,000 AIDS cases as of February, 1991, but reporting is generally incomplete.

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

- o The virus is transmitted primarily by sexual contact.*
- o Recent epidemiological evidence from many countries shows a decrease in the male to female ratio of AIDS cases, indicating increasing heterosexual spread of the virus.*
- o The safety of the blood supply varies greatly throughout the region. While some countries offer integrated blood transfusion services, others lack basic infrastructures for storing and screening blood for transfusion.*
- o Intravenous drug use is not as yet a major mode of transmission, but there are pockets where this activity is practiced.*

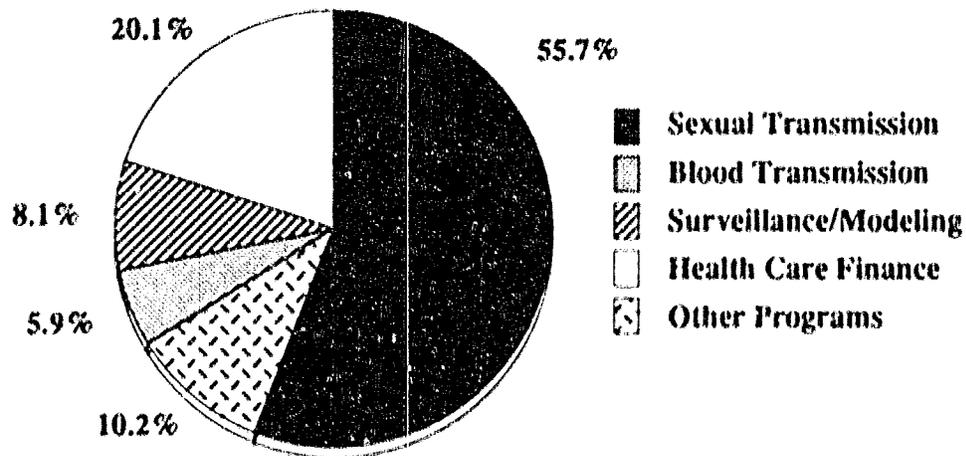
Because sexual transmission accounts for the vast majority of AIDS cases, it receives a proportional amount of emphasis in AIDSTECH's regional program. AIDSTECH recognizes the pivotal role men play as decision-makers, specifically with regard to numbers and types of sexual partners and use of condoms,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

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

AIDSTECH is sponsoring programs to prevent HIV infection in 19 countries in the region; seven of these countries have major program efforts (Haiti, Dominican Republic, Antigua, Dominica, St. Lucia, Brazil, and Mexico). AIDSTECH's program in Latin America and the Caribbean reflects the country-specific priorities defined by PAHO, WHO/GPA, National AIDS Committees, and USAID missions; the epidemiology of HIV infection and AIDS in the region; the ability to identify and work with recognized high-risk groups; and the existence of viable infrastructures which can support program planning, implementation, and evaluation.

The chart below shows AIDSTECH obligations by program area for the Latin America/Caribbean region. Obligations include 56% for sexual transmission, 10% for blood transmission, 8% for health care finance, and 6% for surveillance. The "other programs" category includes needs assessments, project development, general program support, conference attendance support, and training programs for health care workers in disease control procedures.

**AIDSTECH Obligations By Program Area
Latin America/Caribbean**



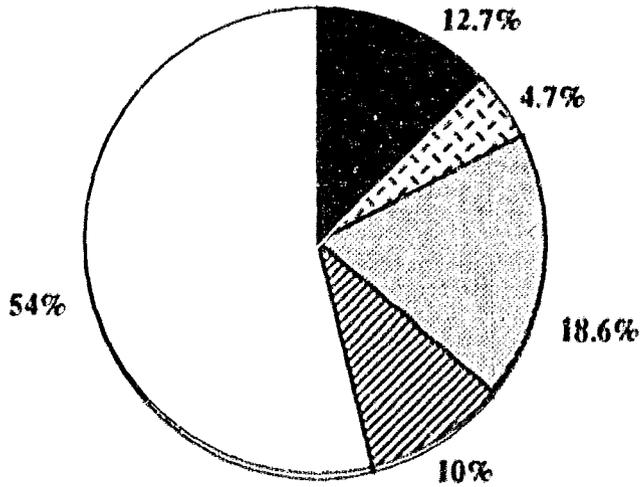
The charts on the next page show Latin America/Caribbean program expenditures by program area. Other programs, mainly needs assessments, project development, and conference attendance, accounted for 54% of the 1988 program expenditures. This decreased to 33% in 1989 and 29% by 1991. Sexual transmission expenditures rose from 13% in 1988 to 39% in 1989, 44% in 1990, and 54% in 1991.

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

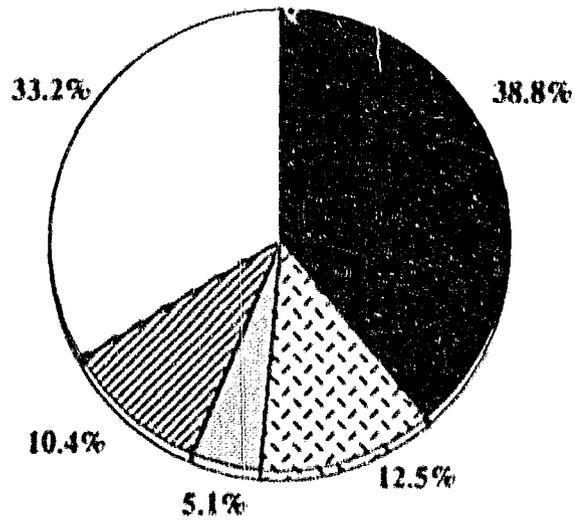
Appendix 2 shows completed, ongoing, and planned activities by country for the region. The following describes, in more detail, the activities in the 19 countries where AIDSTECH works.

AIDSTECH Latin America/Caribbean Program Expenditures By Program Area

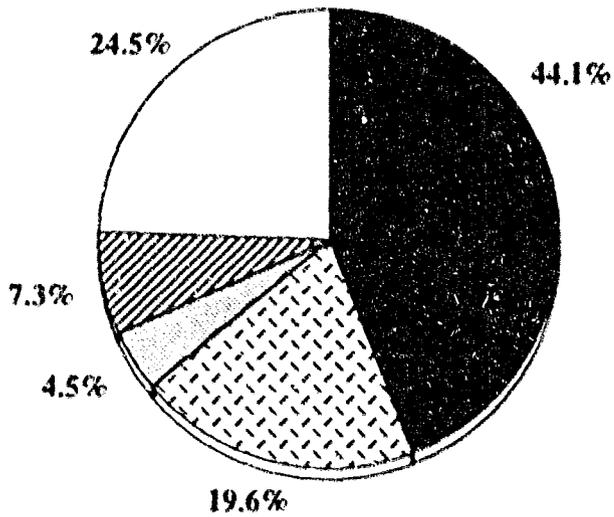
FY 1988



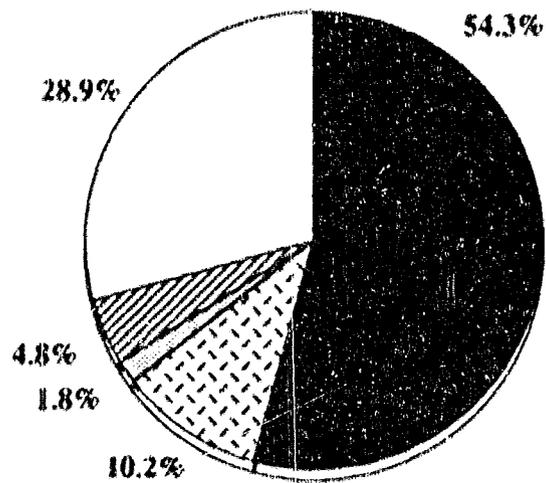
FY 1989



FY 1990



FY 1991



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

LATIN AMERICA AND THE CARIBBEAN INTER-REGIONAL

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

Accomplishments in last six months:

- o A draft of the training curriculum was completed.*
- o A training workshop on the Economics of AIDS has been scheduled in Mexico to field test a case study and the overall curriculum.*

Plans for next six months:

- o Conduct the training in Mexico for financial and administrative officers in CONASIDA.*
- o Collaborate with WHO/GPA and the World Bank to develop a plan for an LAC program for finance training on the cost of AIDS.*
- o Finalize the training curriculum and feasibility study, including an agenda for future training programs, jointly with WHO/GPA and the World Bank.*

Standardizing IFA Testing in Latin America/Caribbean Regions. Indirect Florescent Antibody (IFA) Assay is a cost effective alternative to Western Blot confirmation. AIDSTECH, in collaboration with PAHO, is striving to standardize techniques and facilitate implementation of this alternative method throughout the Americas.

Accomplishments in last six months:

- o A working group was convened to develop guidelines and recommendations for IFA testing in the region; 12 scientists from seven countries participated.*

Plans for next six months:

- o Finalize technical reports summarizing proceedings and recommendations.*
- o Plan and facilitate a pilot study to support implementation of IFA testing in the region.*
- o Plan a regional workshop to train laboratorians in IFA techniques.*

BOLIVIA

AIDSTECH is offering technical assistance to Bolivia in the areas of STD control and surveillance and blood screening.

National Surveillance of AIDS, HIV, and STDs and Upgrading STD Services. AIDSTECH was asked by the A.I.D. Mission in La Paz to provide technical assistance in designing a national AIDS, STD, and HIV surveillance strategy and in upgrading STD services in the country. An in-depth assessment of the AIDS, HIV, and STD situation and the training needs in surveillance and upgrading of STD services was completed in June, 1990 in La Paz, Santa Cruz, and Cochabamba.

Accomplishments in last six months:

- o Coordination of STD program activities with the CDC continued.*

Plans for next six months:

- o Provide technical assistance in design of large-scale STD prevention and control program.*

Laboratory Technical Assistance. AIDSTECH continues to provide technical assistance to strengthen the capability of the Bolivian Ministry of Health to provide HIV screening and diagnostic testing services to support the prevention and control of AIDS. AIDSTECH is providing technical assistance to the Ministry of Health for seeking cost-effective options to organize and manage National Laboratory Centers for HIV testing, for the development of a national strategy for HIV screening and testing, for assisting laboratory personnel in improving their performance on HIV screening and testing, for training of health care staff to perform ELISA and rapid tests, and for providing information on new and changing technologies for HIV testing.

Accomplishments in last six months:

- o Technical assistance was provided to plan and establish the National Network of Laboratories.*

Plans for next six months:

- o Evaluate training and provide further assistance in development of a National Network of Laboratories.*

BRAZIL

Brazil is an AIDSTECH Extensive Program Country. AIDSTECH is offering technical assistance for training programs to four non-governmental organizations (NGOs). The organizations are receiving training in the development of materials for low literate populations, peer education, program management, and fundraising.

IMPACT Training Project. A two-tiered training project with the Implementing Agency for Cooperation and Training (IMPACT) was funded through the AIDSTECH PVO Small Grants Program. The project included training selected medical, nursing, and social work students in AIDS education and condom use and having those students, in turn, train peer educators. IMPACT's Expanded Training Program for Risk Reduction Educators is an outgrowth of the previous training project. The new project focuses on providing additional training on AIDS and STDs and the role of condoms in their prevention to the project's peer leaders in Fortaleza and Sao Luis, based on experience acquired during previous phases. There are also plans to provide training to active and newly recruited volunteer peer educators, with an emphasis on outreach to non-establishment-based women with multiple partners. In addition, staff members from health posts will receive training which will enable them to interact effectively with clients.

Accomplishments in last six months:

- o Twelve peer leaders were trained in Fortaleza, and 12 were trained in Sao Luis.*
- o 743 visits were made to 68 brothels for education and condom distribution.*
- o 45,330 condoms had been distributed as of December, 1990.*

Plans for next six months:

- o Train peer educators.*
- o Train health post personnel.*

- o Follow up with peer leaders.*
- o Continue the work of the peer leaders.*
- o Develop training materials for above populations.*

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

Accomplishments in last six months:

- o Training materials were developed.*
- o Workshops were conducted in Salvador, Recife, and Fortaleza.*
- o 138 participants, representing BEMFAM affiliates, MOH, gay organizations, professional associations, private physicians, and state health care workers, were trained.*

Plans for next six months:

- o Develop and administer follow-up questionnaire.*
- o Develop strategy for continuation of training health professionals through BEMFAM for second project phase.*

ABEPP Training Project. The Associação Brasileira de Entidades de Planejamento Familiar (ABEPP) has taken the lead in AIDS education in Brazil through the production of educational materials for use by health care professionals. A significant proportion of the Brazilian population is illiterate or semi-literate, and printed messages fail to reach these groups. ABEPP plans to design and disseminate booklets containing largely non-verbal messages about AIDS prevention. The AIDSTECH-sponsored project is providing training to the staff of ABEPP in the design, field testing, production, and use of this type of material.

Accomplishments in last six months:

- o Twenty-four focus groups with men and women were conducted.*
- o Data analysis was begun.*
- o Materials development strategy was developed.*

Plans for next six months:

- o Complete analysis of focus group data.*
- o Develop and pre-test educational materials.*

CCII Training Project. The Centro de Controle e Investigação Imunológica (CCH) provides persons suffering from AIDS with compassionate treatment and support and disseminates information about the prevention of HIV infection and AIDS, particularly to persons whose behavior places them at high risk of infection, but also to the population at large. In order to strengthen its management, research, and marketing capacity, CCH will participate in a series of training workshops organized for its administrators, and secretarial and technical staff.

Accomplishments in last six months:

- o Management/Fundraising/Marketing workshops were held.*

Plans for next six months:

- o Develop training component that involves HIV+ persons in AIDS prevention for second project phase.*

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

CHILE

Through its Behavioral Research Grants Program, AIDSTECH is funding the University of Pennsylvania and the Instituto de Medicina Reproductiva (ICMER) to conduct a collaborative project for a nursing intervention to prevent AIDS in Chile.

Nursing Intervention. Chile's network of primary and secondary health care clinics provides an existing infrastructure on which to build an AIDS prevention program that has the potential to reach a large cross section of the population and which, if successful, could be sustained over time without the investment of substantial additional resources. In order to target interventions to those most likely to benefit, a screening instrument will be developed for assessing HIV risk that is: feasible to implement by nurses in primary health care clinics; acceptable and therefore applicable to most clinic patients; and reliable and valid as a predictor of risk. Interventions will be designed on the basis of the risk profile of clinic patients and evaluated in a randomized experiment to determine their effectiveness in reducing high-risk behaviors.

Accomplishments in last six months:

- o ICMER was added as collaborating institution for purpose of administering project funds.*
- o Research clearances were secured from all the institutions involved in the study.*

Plans for next six months:

- o Conduct interviews with all patients who are known to be infected with HIV and who are receiving care in clinics in the target area.*
- o Assess the efficacy of existing counseling program.*
- o Initiate ethnographic work in the homosexual and bisexual communities of Santiago.*
- o Conduct site visit.*

COSTA RICA

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

Accomplishments in last six months:

- o 350 young people from schools, churches, sports clubs, and youth organizations participated in the training and development of educational materials.*
- o One pamphlet and two posters were developed by the peer educators and distributed to young people through workshops, talks, and house visits.*
- o Video, songs, and radio show contests for young people were organized.*

Plans for next six months:

- o Hold community festival in Santa Barbara where winners of the video, song and radio show contests will be announced.*
- o Distribute print and audio visual materials developed by youth from Santa Barbara to youth in San Rafael via existing channels.*
- o Conduct follow-up qualitative research and household KABP Surveys in the three communities.*

DOMINICAN REPUBLIC

The Dominican Republic is an AIDSTECH Extensive Program Country. AIDSTECH has developed a four-year plan to assist the Dominican Republic with a comprehensive AIDS strategy. Program components include interventions with high-risk behavior groups in Santo Domingo and Puerto Plata, assistance with HIV sentinel surveillance, evaluation of screening of pooled sera, development of a financial strategy for blood screening, and general program support.

Intervention with High-Risk Behavior Groups. The intervention projects target women with multiple sexual partners through a peer education and condom distribution program. Strengthening STD clinic services is a part of the intervention.

Accomplishments in last six months:

- o 108 commercial sex establishments in Santo Domingo and 42 in Puerto Plata were involved in program activities.*
- o Five Peer Educator Supervisors and 35 Volunteer Peer Educators were active in Puerto Plata.*
- o Eleven Peer Educators Supervisors and 160 Volunteer Peer Educators were active in Santo Domingo.*
- o 125,000 condoms were distributed in a six month period.*
- o Post intervention KABP Survey was drafted.*
- o Project cost data analysis was completed; the recurrent cost is \$46,000 for the Santo Domingo project and \$22,000 for the Puerto Plata project.*

Plans for next six months:

- o Administer post-intervention KABP Survey.*
- o Evaluate project outcomes.*

Community Affiliates for AIDS Education. The Patronato de Lucha Contra el SIDA (PLUS) was established in 1988 to promote local and national level participation in the National AIDS Program. Under the PVO Small Grants Program, AIDSTECH is providing technical assistance to PLUS in creating a network of regional community-based affiliates that will train volunteers in community organization, AIDS education, condom use and promotion, and basic organization and fundraising skills. The project also will establish and promote community based condom distribution.

Accomplishments in last six months:

- o Draft of proposal was completed.*

Plans for next six months:

- o Finalize proposal and obtain approvals.*
- o Initiate project activities.*

Theater Group. The Fundación Cultural y Educativa para la Salud (FUCES) is an AIDS theater group which will be integrating its activities with the PLUS Community Education Affiliates. Under the PVO Small Grants Program, AIDSTECH is sponsoring activities of the theater group in order to increase awareness and provide education about AIDS and HIV infection.

Accomplishments in last six months:

- o Draft proposal was completed.*

Plans for next six months:

- o Finalize proposal and obtain approvals.*
- o Initiate project activities.*

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

Accomplishments in last six months:

- o Project was initiated.*
- o Staff were hired and trained.*
- o Supplies and reagents were procured.*
- o Reporting forms were developed.*

Plans for next six months:

- o Collect specimens and data.*
- o Initiate data analysis.*

Serum Pooling for HIV Screening in Blood Donors. This project, in close collaboration with the National AIDS Committee and the MOH, was designed to test the sensitivity and specificity of a pooling method on fresh and frozen samples in a country with relatively high HIV prevalence.

Accomplishments in last six months:

- o 5,500 sera were tested singly and in pools using two assays (Abbott Recombinant and Ortho HTLV-III) for screening HIV antibodies.*
- o Data were analyzed and findings were summarized for presentation.*

Lessons learned:

- o In the Dominican Republic, pooling resulted in a decrease in both sensitivity and specificity of testing.*
- o Despite the decrease in test efficiency, pooling should still be considered in areas where individual testing may be prohibitively expensive.*
- o Where financial resources permit, pooling by these methods is not advised for screening blood for transfusion or for HIV diagnosis.*
- o Pooling is satisfactory for surveillance studies.*

Laboratory Technical Assistance. AIDSTECH continues to provide technical assistance in close collaboration with PROCETS and the MOH to strengthen the capability of the National System of Laboratories to perform HIV screening and testing.

Accomplishments in last six months:

- o Plan for implementing a National Quality Assurance (QA) Program was developed.*

Plans for next six months:

- o Initiate National QA program.*
- o Provide additional technical assistance as required.*

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

Accomplishments in last six months:

- o A final version of model specifications was received. These specifications provided the equations and format used to program the decision support model.*
- o The model has been developed using Quatro spreadsheet software and FORTRAN programming. The spreadsheet model includes mapping graphic capabilities to indicate where resources are most needed.*
- o Input screens have been provided to project personnel so that adequate data can be collected from the field in order to run the decision support model.*
- o The model was successfully tested using a sample of blood banks.*

Plans for next six months:

- o Run the model using data from all blood banks and laboratories in the Dominican Republic.*
- o Present model to project staff to demonstrate how this model can be used to identify cost-effective blood transfusion policies.*
- o Complete final version of the specifications and use in the Dominican Republic decision support model.*

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

Accomplishments in last six months:

- o Questionnaires were administered to all blood banks and laboratories in the Dominican Republic.*
- o A first draft of the report was completed and distributed to a group of local consultants for comments.*

Plans for next six months:

- o Resolve any final economic issues, provide comments on the final report, and assist in reviewing possible future policy options.*
- o Write and disseminate the final report.*

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

Accomplishments in last six months:

- o Additional meetings were held with private sector groups, and a PROCETS-Private Industry Association project is being developed.*

Plans for next six months:

- o Develop the project, obtain the necessary approvals, and initiate the project.*

Opportunities for Cost Recovery in the Commercial Sex Market. This project will provide a more thorough understanding of the economic mechanisms that rule the commercial sex market. More specifically, cost recovery capabilities in AIDSTECH sexual intervention projects will be assessed by addressing the tradeoff existing between program compliance (i.e., condom use) and cost recovery.

Accomplishments in last six months:

- o Background information was collected.*
- o Study draft was completed and technical feasibility was reviewed by an external consultant.*

Plans for next six months:

- o Obtain approvals.*
- o Initiate the project.*

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

Accomplishments in last six months:

- o Tito Coleman continued to serve as Resident Coordinator for AIDSTECH-supported projects in the Dominican Republic.*

Plans for next six months:

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

EASTERN CARIBBEAN

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

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

Intervention with High-risk Behavior Groups, Antigua. In Antigua, AIDSTECH is conducting AIDS education and condom distribution programs targeted at STD patients and commercial sex workers.

Accomplishments in last six months:

- o Educational programs were developed with assistance from participants at social centers and STD clinics.*
- o Educational materials were developed and distributed, including 100 leaflets, 57 posters, and two booklets.*
- o Condom distribution system is in place and functioning in all three brothels. Approximately 23,731 condoms have been distributed to date.*
- o Three training sessions with women with multiple partners have been conducted. Approximately 240 women have been counseled on AIDS education and condom use to date.*
- o STD clinic staff participated in training on AIDS/STD counseling. AIDS education and condom distribution have become features of the STD clinics. Approximately 133 patients have been counseled.*

Plans for next six months:

- o Provide refresher training for outreach workers.*
- o Transfer appropriate educational materials from the Dominican Republic for the Dominican CSWs working in Antigua.*

Intervention with High Risk Behavior Groups, Barbados. In Barbados, AIDSTECH is conducting AIDS education and condom distribution programs targeted at STD patients and persons with multiple sexual partners.

Accomplishments in last six months:

- o Necessary approvals were obtained.*

Plans for next six months:

- o Initiate project.*

Intervention with High-Risk Behavior Groups, St. Lucia. In St. Lucia, AIDSTECH is conducting AIDS education and condom distribution programs targeted at migrant workers, STD patients, prisoners, and women with multiple sexual partners.

Accomplishments in last six months:

- o Focus groups were conducted with STD clinic patients to design educational program.*
- o Targeted educational materials were developed and produced for clinic patients, including an educational brochure and patient risk-assessment materials.*
- o Materials for clinic staff to use as part of the educational program were developed and pre-tested, including an educational/counseling checklist, clinic intake form, and confidentiality materials.*
- o KABP questionnaires for prisoners were completed and data analysis begun.*
- o Two STD clinics are providing AIDS/STD education and counseling and distributing condoms. Approximately 107,700 condoms have been distributed.*
- o Guidelines for qualitative research for program design of prisoner intervention were developed with MOH and CAREC staff.*

Plans for next six months:

- o Conduct focus groups with prisoners on educational material design.*
- o Prepare a draft training manual to use for in-country replication of the AIDS/STD education and counseling workshop and distribute throughout the region.*

Intervention with High-Risk Behavior Groups, Trinidad. In Trinidad, AIDSTECH is conducting AIDS education and condom distribution programs targeted at STD patients and women with multiple sexual partners.

Accomplishments in last six months:

- o KABP questionnaire has been pre-tested and revised. Data collection is currently in progress.*
- o Training program on AIDS/STD and sexuality counseling was conducted for clinic staff and outreach workers.*
- o Draft ideas for some educational materials were developed by clinic staff following training provided by AIDSTECH.*
- o Condoms are being distributed to all clinic attendees and to some CSWs. To date, approximately 96,000 condoms have been distributed.*
- o Outreach workers have contacted 50 social centers to identify educational strategies. Two outreach workers are currently active in both education activities and condom distribution.*

Plans for next six months:

- o Develop and implement a condom acceptability study.*
- o Expand outreach activities to other cities.*
- o Design and pretest educational materials for clinic and CSW educational programs.*

Intervention with High-Risk Behavior Groups, Dominica. In Dominica, AIDSTECH is conducting AIDS education and condom distribution programs targeted at hucksters and migrant workers.

Accomplishments in last six months:

- o The project has been unofficially approved by the MOH and is in final development stages.*

Plans for next six months:

- o Initiate project.*

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

Accomplishments in last six months:

- o Questionnaires were pretested in Antigua and Dominica.*

Plans for next six months:

- o Work with CAREC and the MOH staff in Dominica and Antigua to explore alternative methods of conducting KABP surveys.*
- o Provide technical assistance to CAREC in data analysis.*

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

Accomplishments in last six months:

- o Training was provided for two nurses from St. Lucia in the clinical management of STDs.*

Plans for the next six months:

- o Conduct needs assessments in Dominica and Barbados.*
- o Assist with training of public health clinic staff, private physicians, and pharmacists in STD diagnosis and treatment and use of simple treatment algorithms.*
- o Assist with training of public health staff, private physicians, and pharmacists in STD/HIV counseling.*
- o Help establish laboratory quality control procedures.*

STD/AIDS Small Grants Program. The CAREC/AIDSTECH STD Small Grants Program provides physicians and other health care workers involved in STD/AIDS control programs with resources that they can use to carry out small research projects. AIDSTECH is assisting countries in the collection of data on chlamydia and gonorrhea sensitivity through a multi-country small grants research project. Investigators from St. Lucia, Antigua, Dominica, St. Vincent, and Grenada are participating in the project. Results will be used in development of treatment protocols.

Accomplishments in last six months:

- o The chlamydia/gonorrhea study was completed in four countries, and results were presented at the PAHO Conference on STDs in Jamaica in December, 1990. Among prenatal women, about 1% had gonorrhea and 13% had chlamydia. Among male STD patients, about 39% had gonorrhea and 10% had chlamydia.*

- o Possible additional studies were identified during the CAREC/AIDSTECH meeting with country epidemiologists in January, 1991. They are as follows:
 - Conducting behavioral surveys of school students.
 - Improving STD diagnosis and treatment during prenatal care.
 - Conducting a survey of tuberculin sensitivity in countries which no longer use BCG vaccination in order to permit a better estimation of the likely impact of the HIV/tuberculosis interaction and help decide whether BCG vaccination should be reinstated.

Plans for next six months:

- o Complete draft protocols for at least two of the above three studies.

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

Accomplishments in last six months:

- o Campaign was initiated in Dominica; all promotional materials were delivered to Dominica Planned Parenthood Association for campaign implementation.
- o Posters were distributed to several Eastern Caribbean nations and the Caribbean Epidemiology Centre (CAREC).
- o Sales data from first four months of campaign were collected.

Plans for next six months:

- o Continue campaign evaluation, including qualitative assessment of campaign awareness among target audience.
- o Conduct condom promotion training for field staff.
- o Share results with other nations in the region.

Serum Pooling Study. CAREC and AIDSTECH are collaborating to evaluate a cost-effective method for screening large numbers of sera. In this study, serum pooling is evaluated to determine if sensitivity and specificity are compromised and if the method is practical for use in the region.

Accomplishments in last six months:

- o Over 2,000 sera were tested singly and in pools on two commercial ELISA tests.
- o Pooling was evaluated for frozen as well as fresh sera.
- o Data were analyzed and a final report was written.
- o A poster was prepared for presentation at the International Conference on AIDS.

Lessons learned:

- o Pooling represents an opportunity for considerable cost savings over individual sample analysis.*
- o Considerable laboratory staff time is saved by the pooling method.*
- o Sensitivity was slightly decreased by pooling using these particular ELISA assays.*
- o Pooling strategies must be carefully evaluated before being adopted by a laboratory.*

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

Accomplishments in last six months:

- o Data collection was completed.*
- o A group of medical doctors is reviewing data on blood transfusion practices in Trinidad.*
- o An NBTS economist has reviewed and estimated costs for both screening and the production of blood components. This information will be used to determine a pricing schedule for HIV screening and blood fractioning. Total annual costs incurred by NBTS are \$461,000. The cost of HIV screening is \$2 per test, or \$230 per HIV infection averted.*
- o An organizational chart for NBTS has been proposed based on initial findings from this study.*

Plans for next six months:

- o Resolve any outstanding economic issues, and discuss policy implications with decision makers.*
- o Present the decision support model being developed in the Dominican Republic as a tool for NBTS.*
- o Complete and disseminate the final report.*

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

Accomplishments in last six months:

- o Data indicating the costs of treating a patient with AIDS in the hospital were collected. The cost of treating a patient with AIDS is \$150 per day, or \$4500 over the lifetime of the patient. This is higher than the cost of hospice care.*
- o HIV infected persons were interviewed to determine the unmet needs. These interviews indicated an overwhelming need for the type of resources that could be provided inexpensively by a hostel treatment facility.*
- o An initial report indicating the need among HIV-infected patients for numerous services and the potential cost savings from an alternative treatment facility was completed.*

Plans for next six months:

- o Present findings from study to decision makers, and initiate a dialogue that will encourage the development of alternative treatment facilities.*

- o Complete final report.*

Modeling of the AIDS Epidemic. AIDSTECH is working with the Caribbean Epidemiology Center (CAREC) to do simulation modeling of the AIDS epidemic in the Eastern Caribbean.

Accomplishments in last six months:

- o A consultant who will work half-time at CAREC was identified.*
- o Framework and plans for modeling were discussed.*

Plans for next six months:

- o Conduct mini-workshop on Modeling of the Caribbean AIDS Epidemic.*
- o Obtain final approvals.*
- o Begin simulation modeling with close collaboration between the CAREC modeling effort and AIDSTECH.*

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

Accomplishments in last six months:

- o Workshop on HIV Education and Counseling was held in collaboration with the Ministry of Health of Saint Lucia for 75 health workers, social workers, and lab technicians.*
- o Barbados KAP survey report was finalized.*
- o Plans for next series of teleconferences were finalized.*

Plans for next six months:

- o Conduct four teleconferences for health care workers on the following topics*
 - Sexuality among Caribbean school children;*
 - Fear of HIV disease among Caribbean health care workers;*
 - Counseling: measuring effectiveness and utilizing referral networks; and*
 - Reaching hard-to-reach subpopulations with HIV/AIDS information and counseling.*

ECUADOR

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

Observation Tour. This project was conducted jointly by AIDSTECH, CONASIDA-Mexico, and the Ministry of Health (MOH) of Ecuador. AIDSTECH facilitated an observation tour of two laboratory managers and two chief epidemiologists to visit CONASIDA-Mexico and become familiar with their programs and facilities for AIDS prevention and control. Participants were trained in laboratory reference systems, safe blood banking, information systems, and epidemiological methods for implementing of preventive programs against HIV infection.

Accomplishments in last six months:

- o Technical assistance was provided to summarize findings from visit and to evaluate impact.*

Lessons learned:

- o Observation visits are appropriate for bringing together directors and managers involved in HIV prevention programs in the Region in order to compare and share experiences.*

Intervention with High-Risk Groups. The intervention will be conducted through the Ministry of Health and a local STD clinic. The project will target women with multiple sexual partners through peer education, condom distribution, and strengthening STD clinic services.

Accomplishments in last six months:

- o Project was designed.*

Plans for next six months:

- o Finalize proposal and obtain approvals.*
- o Initiate project activities.*

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

Accomplishments in last six months:

- o Opportunities were provided for upgrading skills of laboratory technicians at the National Reference Laboratory of Guayaquil.*
- o Technical assistance was provided to develop a pilot National Quality Assurance Program for HIV screening and testing.*

Plans for next six months:

- o Finalize proposal of pilot project of National Quality Assurance Program for HIV testing, and obtain approvals.*
- o Initiate evaluation of pilot project of National Quality Assurance Program for HIV screening and testing.*

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

Accomplishments in last six months:

- o Data analysis was completed; pooling three sera and testing as one does not decrease sensitivity and specificity and provides a 67% cost savings on reagents and a 64% cost savings on staff time.*
- o Final report is being disseminated.*

Plans for next six months:

- o Assist in the preparation of materials for presentation of findings at scientific meeting and in scientific journals.*
- o Develop poster for VII International Conference on AIDS in Florence, Italy.*

EL SALVADOR

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

Laboratory Technical Assistance. AIDSTECH is providing assistance to the MOH to strengthen its laboratory services and its capability to provide HIV screening and diagnostic testing to support the prevention and control of AIDS. AIDSTECH is also assessing the needs and strengthening laboratories to diagnose STDs.

Accomplishments in last six months:

- o Two HIV Diagnostic workshops were conducted. Thirty-seven participants were trained in Rapid Tests, ELISA, Western Blot, and IFA testing procedures, as well as laboratory safety and Quality Assurance.*
- o Equipment and supplies for HIV testing were provided.*

Plans for next six months:

- o Assess needs for strengthening laboratory diagnosis of STDs.*
- o Conduct workshop to train laboratory technicians in laboratory diagnosis of STDs.*

Establishment of an STD Clinic. AIDSTECH is providing support through the PVO Small Grants Program to the Salvadoran Demographic Association (ADS) to provide STD clinic services to men and women at the San Salvador Profamilia Family Planning Center. The project was initiated in September, 1990.

Accomplishments in last six months:

- o An AIDSTECH consultant visited the Clinic in November, 1990 to review the clinic's operations and help develop the community outreach component and educational materials.*

Plans for next six months:

- o Strengthen the community outreach component.*
- o Implement condom distribution at bars, clubs, and guesthouses that are sites for high-risk behavior.*
- o Produce educational materials for the clinic with the assistance of the IEC Division of the ADS.*

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

Accomplishments in last six months:

- o Technical assistance was provided in the development of a community outreach component.*

Plans for next six months:

- o Continue providing technical assistance in STD management, clinic organization, and STD/HIV education and outreach.*

GUATEMALA

STD/HIV Technical Assistance. AIDSTECH is providing technical assistance to the Asociacion Pro-Bienestar de la Familia (APROFAM) to reduce transmission of HIV and other STDs by improving STD/HIV services at APROFAM clinics. It is hoped that, as a result of this study, more appropriate and effective prevention education, screening, diagnosis, and treatment programs will be developed in Guatemala.

Accomplishments in last six months:

- o Laboratory consultant was identified and a draft program for Guatemala workshop was developed.*

Plans for next six months:

- o Conduct needs assessment of laboratory services of APROFAM clinic for STD/HIV screening and testing.*
- o Conduct workshop to train selected laboratory technicians of APROFAM on STD/HIV diagnostics.*
- o Provide laboratory technical assistance to establish HIV confirmatory testing services at APROFAM.*

HAITI

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

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

Accomplishments in last six months:

- o IEC materials, including 1,000 posters, 122,000 booklets, 10,000 calendars, and six billboards, were finalized and distributed. In addition, three radio spots were played for three months.*
- o 614,000 condoms were distributed through peer educators.*
- o Services continued in Gonaives and Cap Haitien.*
- o Additional peer educators were trained to conduct outreach in new cities. A total of 55 workers have been trained to date.*

Plans for next six months:

- o Expand project to Saint Marc.*
- o Develop story-telling methods to emphasize the spread of HIV by using a wooden board with stick-on felt dolls.*
- o Conduct evaluation of educational activities.*

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

Accomplishments in last six months:

- o Baseline survey data were analyzed and a draft report was written.*
- o Coordination efforts with IBESR continued.*
- o Outreach activities with community health workers were initiated.*
- o 118,000 condoms were distributed.*
- o 300 KAP questionnaires for youth were completed and data analysis began.*
- o 52 outreach workers were trained and subsequently provided AIDS/STD education to approximately 6,239 people.*

Plans for next six months:

- o Finalize report on baseline survey.*
- o Extend project activities for six months.*

AIDS Prevention Program for Female Factory Workers. The Centre de Promotion des Femmes Ouvrieres (CPFO) is a non-profit organization working with female workers in the areas of training, self awareness, human rights, literacy, and preventive health. Through the PVO Small Grants Program, AIDSTECH will provide technical assistance in implementing a quality AIDS prevention program in factories in Port-au-Prince.

Accomplishments in last six months:

- o Draft of proposal was completed.*

Plans for next six months:

- o Finalize proposal and obtain approvals.*
- o Initiate project activities.*

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

Accomplishments in last six months:

- o 114 people were examined and treated for STDs. The low attendance may be due to the stigma of attending an "STD" clinic.*
- o 7,550 condoms were distributed.*
- o Two counselors were trained and subsequently provided counseling services.*

Plans for next six months:

- o Add additional services to the clinic so that it provides a range of primary health care services and people who come to the clinic will not feel that they are at risk of being stigmatized.*
- o Continue HIV testing and counseling programs.*
- o Continue coordination of HIV and STD education.*
- o Coordinate condom promotion and distribution programs.*
- o Integrate STD services with primary health care clinics.*
- o Extend project activities for six months.*

Sentinel Surveillance and Counseling. A proposal has been developed with Comell-GHESKIO to strengthen their capacity to do HIV testing. This testing is being done in the context of the NACP Medium Term Plan for surveillance. It is anticipated that a large number of seropositives will be identified who will need extensive counseling, so the project also provides for additional training and resources for counseling activities.

Accomplishments in last six months:

- o Proposal was finalized.*

Plans for next six months:

- o Obtain final approvals.*
- o Hire project personnel.*
- o Develop and pretest a KAP for HIV positive clients and their partners.*
- o Initiate testing for seroprevalence in two sites.*
- o Conduct a training workshop for social workers on counseling HIV positive persons and their partners, with technical assistance from the University of Miami.*
- o Conduct educational activities and distribute condoms to HIV positive persons and their partners.*
- o Initiate KAP survey.*
- o Coordinate counseling activities with other health service delivery agencies.*

AIDS Modeling. AIDSTECH and The Futures Group are field testing models of the AIDS epidemic in Haiti, including iwgAIDS, DemProj, and the AIDS Impact Model

Accomplishments in last six months:

- o A technical assistance visit was made by John May of The Futures Group, during which it was concluded that the Haiti NACP is more interested in the use of the DemProj and the AIDS Impact Model (AIM) than in the iwgAIDS model.*

Plans for next six months:

- o Hold mini-workshop on Modeling of the Caribbean AIDS Epidemic in North Carolina, with attendance by two officials of the Haiti National AIDS Control Program.*
- o Prepare an AIM presentation based on scenarios developed using the AIDSTECH spreadsheet model and the DemProj model.*
- o Finalize the AIM model's application to Haiti.*

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

Accomplishments in last six months:

- o 260,000 condoms have been distributed since the project began.*
- o 117 peer educators have been trained and are currently active. Sixty-seven are presently undergoing follow-up training.*
- o IEC materials were produced and distributed, including 18,000 leaflets, 8,000 posters, 350 educational manuals, three billboards, 50 flip charts, 200 jingle cassettes, 12 AIDS education manuals, and one television spot which was aired eight times a week on two TV stations.*

Plans for next six months:

- o Conduct evaluation of educational activities.*
- o Conduct refresher training courses for 57 peer educators.*
- o Initiate condom social marketing campaign in the factories.*

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

Accomplishments in last six months:

- o To date a total of 1,544,900 condoms have been delivered from the warehouse to the participating agencies.*

Plans for next six months:

- o Provide continued support for condom storage.*

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

Accomplishments in last six months:

- o The Resident Coordinator continued program support, participating in program design for new projects and the PAHO internal review.*
- o Four small grants activities were funded.*

Plans for next six months:

- o Continue coordination of ongoing activities with projects.*
- o Hire personnel for the expanded USAID-sponsored program Aba SIDA.*
- o Initiate programmatic activities which include continuing activities with NGOs, a new condom social marketing program, and training in AIDS related activities for the public sector.*
- o Expand AIDSTECH office and hire relevant personnel.*
- o Conduct workshop for religious leaders on AIDS prevention.*

Culture, Health, and Sexuality: HIV Risk Reduction. Through its Behavioral Research Grants Program, AIDSTECH is funding Johns Hopkins University and the Centers for Development and Health to conduct a collaborative project on the relationship of culture, health, and sexuality variables to HIV risk reduction. Very little is known about sexual and health beliefs and practices that act as determinants of risk-taking behavior in LDCs. Research will be conducted in Cite Soleil, an urban slum area of Port-au-Prince, and a peri-urban low income population in a northern town. The project will elicit indigenous views of the types of sexual relations that occur and the nature, avoidance, and treatment of sexually transmitted diseases, including HIV infection. An amplified Health Belief Model will be adapted to the Haitian sociocultural context and applied in surveys of sexual and HIV protective attitudes, intentions, and behaviors. Sexual beliefs, perceptions, and behaviors of men and women will be compared, controlling for differences in civil/marital status, urban/rural residence, and other socioeconomic and demographic factors found to be associated with HIV infection in previous studies. Culturally appropriate interventions to reduce sexual transmission of HIV and to mitigate the stigma associated with this infection will be recommended.

Accomplishments in last six months:

- o All essential personnel were identified.*
- o Work plans for Phase I were developed.*
- o Research assistants were recruited and trained.*

Plans for next six months:

- o Develop ethnographic map of Cite Soleil.*
- o Finalize discussion guide for focus groups.*
- o Identify sample for longitudinal study of sexual careers.*
- o Conduct site visit.*

JAMAICA

Through its Behavioral Research Grants Program, AIDSTECH is funding UCLA and the University of the West Indies to conduct a collaborative project on AIDS-related sexual decision making in Jamaica.

AIDS Related Sexual Decision Making. The proposed research examines psychosocial and sociocultural factors related to sexual decision making among Jamaicans that increase their risk of becoming infected with HIV. Sexual decision making is embedded in sociocultural factors which shape the expression of human sexuality. The purpose is to identify factors that can be used in intervention strategies aimed at sexual behavior change.

Accomplishments in last six months:

- o Conceptual framework for the study was finalized.*
- o Seven focus group sessions to refine the survey form were held.*
- o Initial survey form was completed and pretested.*

Plans for next six months:

- o Develop and test curriculum for training of interviewers.*
- o Complete procedure manual for interviewers.*
- o Analyze pretest and finalize survey form.*
- o Conduct site visit.*

MEXICO

Mexico is an AIDSTECH Extensive Program Country. The AIDSTECH program has the following components: three AIDS education programs targeted at risk groups, a radio soap opera, a behavioral research study on behaviors of bisexual men, and a workshop on the economics of AIDS.

Intervention with High-Risk Groups. An AIDS education and condom distribution intervention project was initiated with the Federation of Mexican Private Associations (FEMAP) in October, 1988.

Accomplishments in last six months:

- o STD/HIV education was continued in the original project zone by 76 volunteer health promoters and four volunteer coordinators.*
- o Two condom distribution centers were established in the community; 50,000 condoms were distributed.*
- o A census of locations where sexual contacts are made by high-risk men and women was conducted in a new project zone.*
- o Two focus groups were conducted among high-risk non-bar based women.*
- o Baseline KABP survey for high-risk, non-bar based women was developed and administered to all CSWs.*

Plans for next six months:

- o Conduct focus groups; develop and administer baseline survey with clients.*
- o Analyze data and develop educational strategy for reaching non-bar based women and clients.*

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

Accomplishments in last six months:

- o Results from a questionnaire administered to 168 pharmacies showed that pharmacy workers have little knowledge of AIDS transmission and prevention; conversations about STDs and condoms do occur between clients and pharmacy workers; most pharmacy workers are willing to exhibit or distribute information on AIDS prevention; and pharmacy workers would be interested in participating in training sessions on AIDS and STD prevention.*
- o Collaboration was established with SOMARC, CONASIDA, and the Family Planning Division of the Secretariat of Health.*
- o Prototype condom marketing materials (posters and plastic bags) were developed and pretesting was initiated.*
- o Training of pharmacy workers began.*

Plans for next six months:

- o Finalize and distribute condom marketing materials.*
- o Complete training of pharmacy workers.*
- o Establish system for monitoring condom sales.*

Women and AIDS. AIDSTECH, through its PVO Small Grants Program, is supporting a project with Communication, Interchange and Human Development in Latin America (CIDHAL) to train women from community organizations in AIDS prevention. The project will also develop a slide/tape presentation of women's experiences as HIV-infected individuals or as family and friends of persons with AIDS as an educational and motivational tool.

Accomplishments in last six months:

- o Project was initiated.*

Plans for next six months:

- o Develop training program and slidetape presentation.*

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

Accomplishments in last six months:

- o Final approval for project design was received.*

- o Evaluation plan for project was finalized.*
- o Script ideas were drafted and reviewed by radio technical team.*

Plans for next six months:

- o Complete pilot episodes.*
- o Pretest three pilot episodes with target audience.*
- o Finalize scripts for all episodes.*
- o Broadcast majority of episodes city-wide.*
- o Develop detailed evaluation instrument.*

Influencing Risk Behaviors of Bisexual Males. Through its Behavioral Research Grants Program, AIDSTECH is funding the Population Council and CONASIDA to conduct a collaborative project on influencing the risk behaviors of bisexual males in Mexico. A rapid increase in Mexico of heterosexual transmission of HIV due to sexual intercourse has led to concern with male bisexuals as the transmission link between high prevalence groups (women and children) in Mexico. Cultural factors, including sanctions against homosexual behavior, the lack of a gay culture, and pressure to enter into a traditional marriage, may lead to under-reporting and under-estimation of the size of the bisexual population in Mexico. Of specific interest are high-risk practices, partner networks, attitudes toward partner protection, strategies for dealing with HIV risk, and amenability to change. The project will also study a group of women partners of bisexual men in order to understand how cultural and socioeconomic circumstances may affect their ability to negotiate protection from HIV.

Accomplishments in last six months:

- o Working relationship between research team and local NGOs involved in AIDS prevention was established.*
- o Secondary analysis of qualitative data on bisexual men was performed.*
- o Contacts were established and interviews were conducted with selected samples of bisexual men.*

Plans for next six months:

- o Continue analysis of available data on bisexual males.*
- o Develop protocols for accessing samples of bisexual males from various settings in Mexico City—bars, universities, and STD clinics.*
- o Test the reliability of screening interviewees for identification of bisexual males.*
- o Conduct site visit.*

Training Workshop on the Economics of AIDS. The goal of this workshop is to transfer to CONASIDA analytical skills concerning the economic issues of the AIDS pandemic. It will be built mainly upon the experience acquired in the study on the costs of AIDS in Mexico and will include the analysis of alternative types of care, the issue of prevention vs. treatment, cost benefit and cost-effectiveness analysis techniques, case study of the FEMAP peer educators project, and modeling of the epidemic and its various impacts.

Accomplishments in last six months:

- o Results of the study of the cost of AIDS in Mexico were summarized. Lifetime treatment costs for an AIDS patient in Mexico is over \$4,000. One-fourth of these costs are paid by the patient, and the rest are covered by the public system.*
- o The Ciudad Juarez peer educator project served as a site for the testing of cost-effectiveness analytical techniques for evaluating AIDSTECII interventions.*
- o The AIDS epidemic in Mexico and its impacts were simulated using DemProj and AIM modeling programs.*

Plans for next six months:

- o Finalize preparation of the training program.*
- o Execute the training workshop in Mexico.*

C. ASIA/NEAR EAST

The reported prevalence of HIV infection for the Asia/Near East region remains relatively low, but there is increasing evidence that the infection is spreading very rapidly in certain areas and in some of the high-risk behavior groups. Sentinel surveillance is poor or non-existent in most countries in the region, so the number of cases is most certainly under reported.

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

Reported AIDS case rates for the Philippines and Thailand are among the highest in the region, with both countries reporting 0.2 AIDS cases per million population. In Thailand, WHO estimates of the number of HIV infected persons have been revised upward from 50,000. Preliminary results of studies have shown a rapidly increasing spread of HIV among women with multiple partners in five major Thai provinces.

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

- o Numerous countries in the region have substantial numbers of commercial sex workers and extremely mobile populations (overseas laborers, merchant marines, fishermen, and businessmen), constituting a potential means for HIV to spread.*
- o The Philippines and Thailand have extensive commercial sex industries patronized by large numbers of national and international clients. Both countries report the number of women involved in "entertainment" services to be over 100,000 per country. Forty-four percent of female prostitutes in brothels in one Thailand province were HIV positive in 1990; 10% of male STD patients in this province were HIV positive.*
- o The prevalence of IV drug use represents another important risk factor for HIV transmission in the Asia/Near East region, at least in Thailand and India. In a study of IV DUs conducted in Bangkok, Thailand in 1989, 40-60% of the individuals sampled were reported to be HIV positive. A WHO study in Manipur, India found 67% of IV drug users tested positive for HIV.*
- o The Philippines and Thailand both have strong public and private professional infrastructures that can be incorporated into programs to combat HIV infection.*
- o Both the Philippines and Thailand have effective condom distribution systems, making these products readily accessible to the general population.*

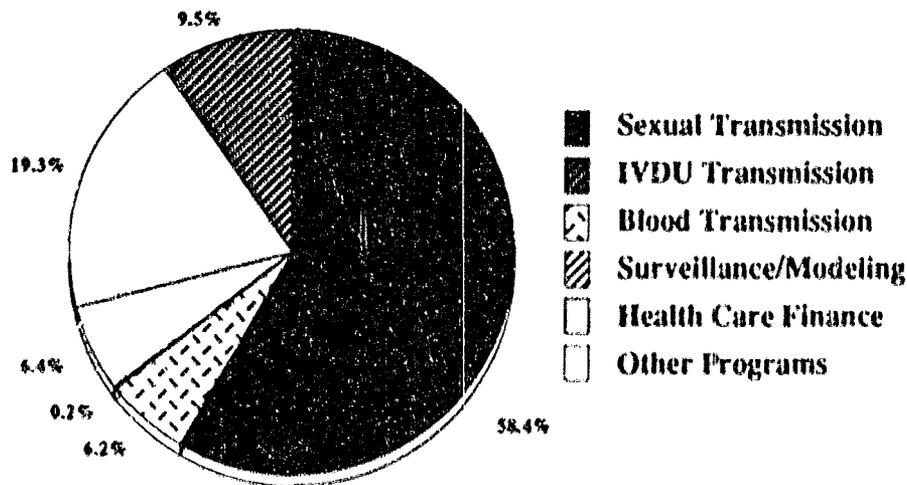
The major focus of AIDSTECH's efforts in Asia is on preventing the spread of HIV infection through sexual transmission and through use of contaminated needles by IVDUs.

Recognizing that some targeted high-risk behavior groups may not be approachable by established public health channels, AIDSTECH has developed innovative intervention strategies utilizing alternative outreach groups such as taxi drivers, grass roots organizations, and bar owners/managers. They reach out to persons practicing high-risk behaviors, such as persons with multiple partners, IVDUs, and their sexual partners.

AIDSTECH is sponsoring projects in five Asia/Near East countries. The basic approach of AIDSTECH in the region is to work with the USAID Missions and the National AIDS Committees, when requested, in cooperation with WHO/GPA. Thailand is AIDSTECH's extensive program country in the region. In the Philippines, a USAID buy-in permitted continuation of a limited program.

The chart below shows AIDSTECH obligations by program area for the Asia/Near East region. Obligations include 58% for sexual transmission, 10% for IVDU transmission, and 6% each for blood transmission and health care finance. The "other programs" category includes needs assessments, project development, general program support, and conference attendance support.

**AIDSTECH Obligations By Program Area
Asia/Near East**



The charts on the next page show Asia/Near East program expenditures by program area. Other programs, mainly needs assessments, project development, and conference attendance, accounted for 88% of the 1988 program expenditures. This decreased to 25% in 1989 and 11% by 1991. Sexual transmission expenditures rose from 9% to 37% to 78% over the same period.

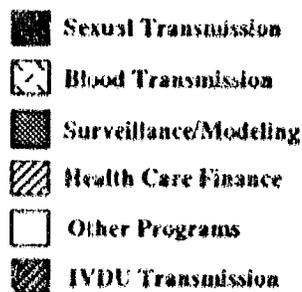
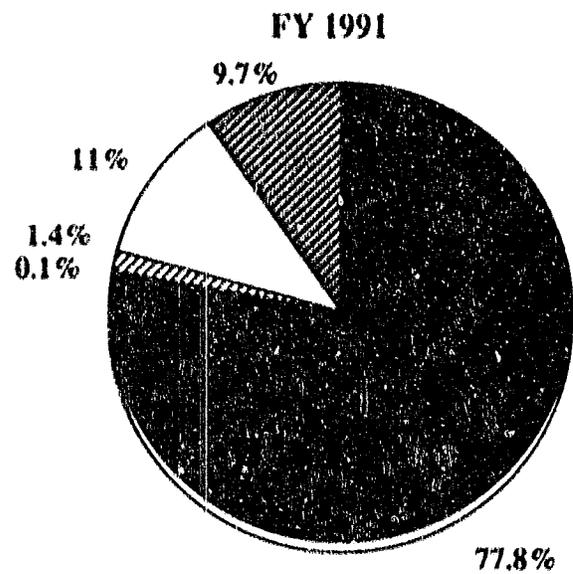
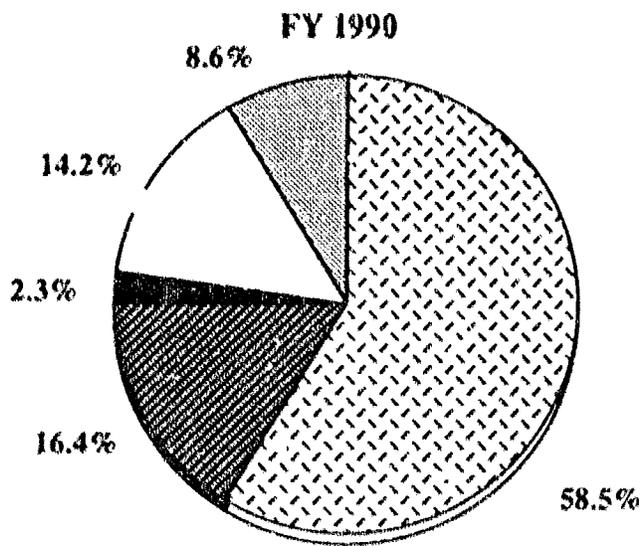
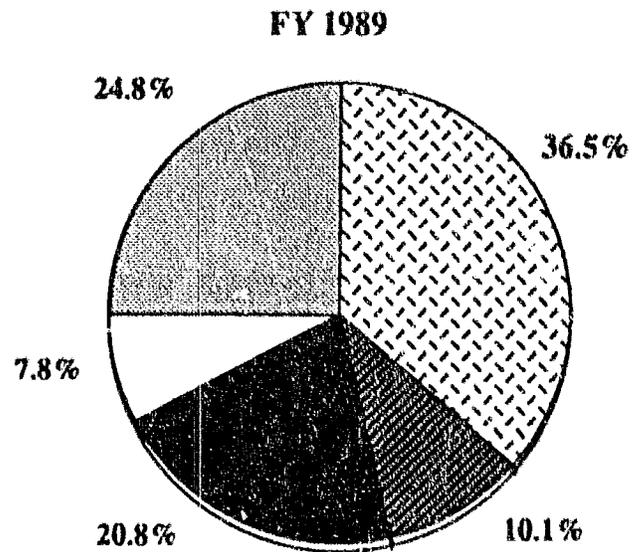
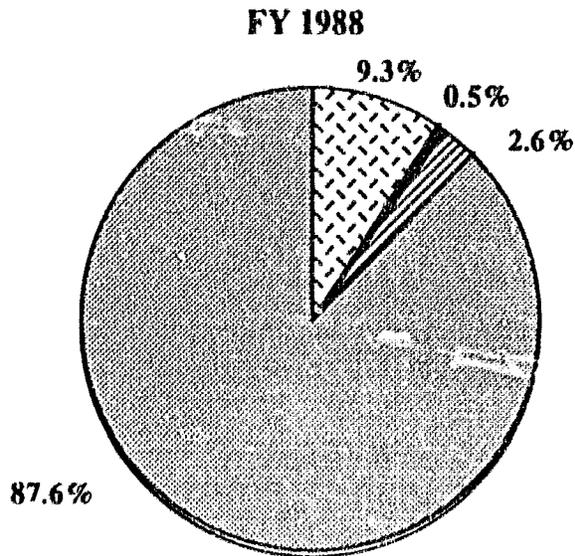
Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the five Asia/Near East countries where AIDSTECH is working are described in more detail below.

INDONESIA

Through its Behavioral Research Grants Program, AIDSTECH is funding the University of Michigan, the Indonesian Ministry of Health, and Udayana University to conduct a collaborative project on AIDS risk behavior among commercial sex workers and clients in Bali.

AIDS Risk Among CSWs and Clients. The project will focus on the potential spread of HIV virus and sexually transmitted diseases from tourist sources into the indigenous sex worker population and from the sex worker population into the general Indonesian population. The major hypothesis is that attitudes and beliefs about AIDS and condom use will influence sexual practices, condom use intentions, and behavior in these populations. A secondary focus will be to look at the impact of alcohol and drug use on sexual practices and condom use.

AIDSTECH Asia/Near East Program Expenditures By Program Area



Accomplishments in last six months:

- o Draft instruments for the pilot interviews were prepared.*
- o Interviewers were selected and trained.*
- o Pilot questionnaires were pretested.*

Plans for next six months:

- o Define population and select sampling methodology.*
- o Analyze results of pretesting and revise questionnaires.*
- o Conduct site visit.*

MOROCCO

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

Accomplishments in last six months:

- o Training workshop in Counseling HIV Infected Persons was held for 40 doctors, nurses, and social workers from nine provinces.*
- o Consultant to develop recruitment strategy and training materials for peer educators was identified.*

Plans for next six months:

- o Provide technical assistance for peer education program.*

PHILIPPINES

Many of AIDSTECH's AIDS programs in the Philippines have been completed. A large sexual intervention project in Olongapo and Angeles City has continued, as has the support to the National AIDS Prevention and Control Program provided by the AIDSTECH Resident Coordinator.

Interventions with High-Risk Behavior Groups. A community-based AIDS education program was initiated in October, 1989 in Olongapo and Angeles City. The overall objective of this project is to empower and enhance the capabilities of the target communities in the planning, implementation, monitoring, and evaluation of the AIDS prevention and control program and services. The health departments of these two cities have actively supported the project.

Accomplishments in last six months:

- o An AIDS Task Force comprised of city health officials, officials from the Mayor's office, the city press, the U.S. Navy, bar owners and managers, the gay coalition, and health educators continued to meet to review policy and program issues.*
- o Training activities with outreach workers, public health educators, peer educators, and other community groups continues. To date, 1,429 people have received training; 890 of those are currently active as outreach educators.*

- o IEC materials continue to be produced and distributed. To date, one video tape on AIDS, one set of slides on STDs, and one set on AIDS were produced for health educators to use in their classes in clubs and R&R establishments.*
- o A total of 3,500 posters with AIDS prevention messages have been displayed; 1,250 educational booklets have been distributed.*
- o A jingle on AIDS prevention was produced and first aired on December 1, 1990, World AIDS Day. It continues to be aired on the radio.*
- o Syllabi on STDs and AIDS were prepared and distributed to school teachers for use in integrating the concepts in some of their subjects.*
- o In Olongapo, the Project Manager held the first overnight, two day support and counseling meeting for women identified as HIV+.*
- o The first educational session for street children was held, and approximately 50 street organization leaders attended.*

Plans for next six months:

- o Finalize questionnaire and initiate a follow-up KAP survey among hospitality workers.*
- o Revise workplan for continuation of project and obtain approval from the National AIDS Prevention Committee.*
- o Continue training of counselors and educators with increased emphasis on follow-on training for active outreach educators.*
- o Reassess condom supply and distribution system and improve availability of condoms.*
- o Continue IEC component of the program with attention paid to sustainability.*

Financial Planning of Blood Screening Resources. AIDSTECH is completing a finance project with the Research Institute for Tropical Medicine (RITM) that measures the current and projected demand for HIV blood screening and the resources available for meeting the demand and develops a plan for the Ministry of Health to reduce resource shortfall.

Accomplishments in the last six months:

- o Project results indicate that significant cost savings are possible by collecting and screening large volumes of blood, by specializing in blood collection and screening outside the hospital, and by making HIV screening a routine part of the blood processing regimen.*

Plans for next six months:

- o Use the blood transfusion service planning model to assist the government in developing their strategies for improving the Filipino blood screening system and to validate the flexibility of this model for other regions in the world.*

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

Accomplishments in last six months:

- o The Project Technical Coordinator, Dr. Carlos Calica, continues to assist the NACP in monitoring and coordinating the AIDSTECH program in the Philippines. Dr. Calica's office is within the NACP office; both have benefited from the secretarial and equipment support provided by AIDSTECH.*

- o *Dr. Calica provided continued logistical and technical support to the NACP program. He assisted in the coordination of several in-country HIV/AIDS meetings and in the scheduling of international visitors to the NACP, including assistance with the first Donor's Meeting in December, 1990 and making the in-country arrangements for a U.S. Congressional team headed by Representative McDermott in March, 1991.*

Plans for next six months:

- o *Continue support to the AIDSTECH Project Technical Coordinator and expand his ability to respond to small scale (< \$1,500) requests for AIDS prevention activities by instituting a Rapid Response Fund in the Philippines.*
- o *Sponsor a Filipino researcher to the CAPS training program in San Francisco.*
- o *Sponsor attendance of two health professionals to the VII International Conference on AIDS where each will present a poster on their AIDS prevention activities.*
- o *Develop an agenda and make preparations for a national workshop to be held on the results of and lessons learned in the Philippines National AIDS Prevention and Control Program.*

SRI LANKA

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

Accomplishments in last six months:

- o *AIDS education programs were conducted for a total of 737 participants. These programs were aimed at providing knowledge, exploring attitudes, and encouraging the adoption of appropriate safe behaviors in people working with public and private sector employees.*
- o *The specific workshops and number of participants included:*
Counselors in the following programs:
 (1) *Para-medical personnel of the Health Ministry, District level: 191 participants*
 (2) *Para-medical Personnel of the Health and Local Government Ministries and Army: 136 participants*
 (3) *Representatives of Gem and Shipping Corporation, State Departments, Banks, Boards, and Private organizations: 288 participants*
Volunteer Health Workers
104 participants
Youth Leaders
18 participants

Lessons learned:

- o *A private family planning agency can do an effective job of conducting AIDS education activities for a variety of groups.*

THAILAND

Thailand is an AIDSTECH Extensive Program Country. Currently, AIDSTECH supports the following:

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

Accomplishments in last six months:

- o Training of 767 taxi drivers was completed.*
- o Evaluation of the project is complete.*

Lessons learned:

- o Taxi drivers have little free time; therefore, any training must be short and convenient to where taxi drivers begin their shifts.*
- o Taxi drivers were little interested in supplying condoms when it involved exchanging money during the ride, reporting sales, and taking responsibility for picking up new supplies.*
- o Taxi drivers reported that even after their training they were generally not confident nor comfortable talking to passengers about AIDS. Project staff conjectured that the low educational level of most taxi drivers may be a factor in this. However, taxi drivers were comfortable distributing IEC materials such as booklets about AIDS and AIDS Safety Tips to their customers. Hence, taxi drivers may best be recruited as distributors of inexpensive AIDS information materials but not as condom distributors or sales agents.*

Klong Toey AIDS Control Project. This IVDU project with the Duang Prateep Foundation (DPF) is being funded through AIDSTECH's PVO Small Grants Program. The target population for this intervention are 800 IVDU's residing in the Klong Toey slum area of Bangkok. The DPF is a grass roots development organization that has worked in this slum area for 17 years. The project utilizes trained volunteers and ex-IVDU's to conduct an in-depth education program that will work to eliminate IV drug use, change needle sharing practices when drug use cannot be eliminated, and educate this population on safe sex practices. Over time, as HIV has spread increasingly beyond the IVDU population, this slum-based project has enlarged its scope to address AIDS education needs within the larger community.

Accomplishments in last six months:

- o To date, 20,000 condoms have been distributed.*
- o Three AIDS/STD counselors have been trained who have, in turn, counseled 600 people.*
- o Currently, 25 individuals trained through the project are active as outreach workers. Over 100 people have received AIDS education training in the community.*
- o A 30-minute educational slide show has been produced and presented approximately 200 times.*

Plans for next six months:

- o Educational activities are to continue through June, 1991.*
- o The project is to be completed and a final report presented to AIDSTECH.*

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

Accomplishments in last six months:

- o 300 information kits were produced.*
- o Volunteers from 300 institutions in and around Bangkok were recruited.*
- o A training curriculum for 300 institution volunteers was completed.*

Plans for next six months:

- o Train volunteers from 300 institutions.*
- o Conduct process evaluation of the interventions.*

Evaluation of National Mass Media Campaign. AIDSTECH is working with the Ministry of Public Health to evaluate the impact of their national AIDS prevention mass media campaign. This evaluation involves quantitative research with a household omnibus survey in several provinces and in-depth interviews with men in clinics, universities, and worksites.

Accomplishments in last six months:

- o Evaluation strategy was developed to assess campaign impact.*
- o Proposal was submitted for approvals.*
- o Research firm to conduct household survey was identified and hired.*
- o Program manager for evaluation plan was identified.*

Plans for next six months:

- o Obtain final approvals for the project.*
- o Implement first phases of omnibus survey and collection of baseline interview data.*

Behavioral Research for AIDS Prevention. Through its Behavioral Research Grants Program, AIDSTECH is funding Columbia University and Mahidol University to conduct a collaborative project on behavioral research for AIDS prevention. The project will study patterns of sexual activity and AIDS/STD related knowledge, attitudes, and practices in low income (slum) areas in two cities of Thailand: Bangkok in central Thailand, and a northern city to be determined. The two cities have been selected because they are important foci in the domestic and international commercial sex industry. The project will be the first in Thailand to investigate migration and travel patterns as a factor in the transmission of HIV infection.

Accomplishment in last six months:

- o Permission to conduct interviews with truckers was received from two cement companies north of Bangkok.*
- o Questionnaires and focus groups guides were pretested among truckers and turnboys at cement company sites.*

- o *Sites for recruitment of CSWs and their clients were identified and permission to conduct interviews secured in Bangkok and Saraburi.*

Plans for next six months:

- o *Finalize questionnaire and focus group guides.*
- o *Conduct site visit.*
- o *Identify northern site and establish contacts for study population recruitment.*

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

Accomplishments in last six months:

- o *A monograph case study of AIDS control with the STD network was produced.*
- o *Extensive coordination and networking with the MOPH and other donors involved in AIDS in Thailand occurred.*
- o *Officials from AID/Washington and the U.S. House of Representatives were briefed on the HIV epidemic and the response of the USAID centrally funded activities.*

Northern Provinces Initiative

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

Condom Logistics Management Training. AIDSTECH is supporting training in condom stock management.

Accomplishments in last six months:

- o *In November, 1990, a training workshop was successfully completed for staff from five Northern Provinces. AIDSTECH's Resident Coordinator assisted in the workshop, part of which involved the participants' drafting and accepting a condom stock requisition and balance form.*
- o *A condom tracking system was established which should curtail frequent stock shortages and outages in these five provinces.*

Plans for next six months:

- o *Conduct a follow-up evaluation by the Ministry of Health to determine to what extent the condom stock requisition and balance form is being used, to what extent it is effective in preventing an interruption in condom supplies, and to obtain suggestions for possible modifications to the form and training course itself.*
- o *Explore the possibility of expanding this training course and reporting mechanism throughout Thailand.*

Training in the Use of an HIV-Prevention Flip Chart. An HIV Prevention flip chart has been developed to assist educators in standardizing correct AIDS information.

Accomplishments in last six months:

- o Staff from every health center and hospital in Payao Province, North Thailand, were trained in the use of an 18-page flip chart and provided with one flip chart to use with their catchment populations.*
- o In March, 1991, the above trainers trained brothel-based community sex workers to use a simplified 12-page flip chart with their peers.*

Plans for next six months:

- o Assess acceptability and effectiveness of flip chart.*
- o Encourage the expanded use of the flip chart by other provinces in the North to promote two-way communication and interaction among users of the flip chart.*

Counseling and JEC Training for Northern Provinces Staff. AIDSTECH pursued the development of two different workshops to train health workers who would subsequently go on to train their peers. The focus of the workshops was based on discussions with health officials and providers in the Northern Provinces who said they needed assistance in responding to the counseling needs associated with HIV testing and designing AIDS prevention and control informational and educational programs.

Accomplishments in past six months:

- o Proposal was finalized.*

Plans for next six months:

- o Conduct separate training of trainers workshops in the areas of AIDS counseling and AIDS communication.*
- o Support the local training of peripheral staff in AIDS counseling and AIDS communication.*

Small Grants Program: Operations Research

AIDSTECH has implemented a Small Operations Research Grants Program to allow for the rapid development and testing of interventions and/or components of interventions. This set of activities consists of small (under \$10,000) research grants to a variety of institutions to explore obstacles to and opportunities of slowing the spread of HIV.

Cohort Analysis of Chiang Mai City Sex Workers. HIV seroconversion rates were established and correlated with risk factors and condom use.

Accomplishments in the last six months:

- o Data analysis was completed.*

Lessons learned:

- o The seroconversion rate among this cohort was 3.4% per month during March to July, 1990.*
- o The most important risk factors for HIV infection include (1) age under 20, (2) home residence in Chiang Mai, (3) longer duration of employment as CSWs, and (4) greater number of sex partners.*
- o Although levels of condom use in the night prior to the interview was measured, condom use was not found to be a protective factor for preventing seroconversion among this cohort; this measure may be inadequate in a brothel setting.*

Expanded Acceptability Trial of the Female Condom. The female condom was tried for up to two weeks by commercial sex workers in three cities.

Accomplishments for last six months:

- o Data were collected before and after the two-week period to assess use levels and acceptability of the female condom among commercial sex workers and their clients.*
- o Results were presented to the National AIDS Committee by the Director of the AIDS Division.*

Lessons learned:

- o The female condom is acceptable and needed for approximately 10% of the sexual episodes of brothel-based sex workers.*
- o The major reasons why commercial sex workers chose the female condom over the male condom include greater ease of accommodating drunk or unruly clients and less risk of condom breakage.*
- o The major reasons why commercial sex workers discontinued use of the female condom include user pain during intercourse and greater ease and convenience of using the male condom.*

Adaptation of an Educational Flip Chart for Prevention of HIV Transmission among Burmese Sex Workers. Flip charts were translated into the local dialect of Burmese for use among 160 commercial sex workers in Mae Sai, Chiang Mai.

Accomplishments in past six months

- o Three outreach workers were recruited, trained, and deployed for three months of door-to-door commercial sex worker education.*
- o Pre-trial post-intervention data were collected to evaluate the impact.*

Plans for next six months:

- o Analyze data and write and disseminate a report.*
- o Replicate the outreach model and flip chart throughout the province, if successful.*

Expansion of the Khon Kaen Model. All brothel managers in the city of Khon Kaen, Thailand were convened in a workshop where they were asked to adopt a condom-only policy as one local brothel had successfully done.

Accomplishments in past six months:

- o The brothels were visited monthly to provide reinforcement to achieve 100% condom use and to provide condom resupply.*
- o By November, 1990, 80% of the brothels achieved 100% condom use, but this percent relapsed to 50% of brothels in December, 1990.*

Plans for next six months:

- o Compare time series evaluation data using STD records, HIV sero incidence, CSW interviews, and reports of participant observers to assess impact.*
- o Recommend expansion to other urban centers, if successful.*

Study of Long-Haul Truck Drivers. Over 100 in-depth and group interviews were conducted with truck drivers in two major truck stops in Central-Northeast Thailand.

Accomplishments in past six months:

- o Content analysis and draft report were completed.*

Plans for the next six months:

- o Produce an executive summary.*
- o Disseminate results throughout Thailand and abroad.*

IV. MANAGEMENT

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

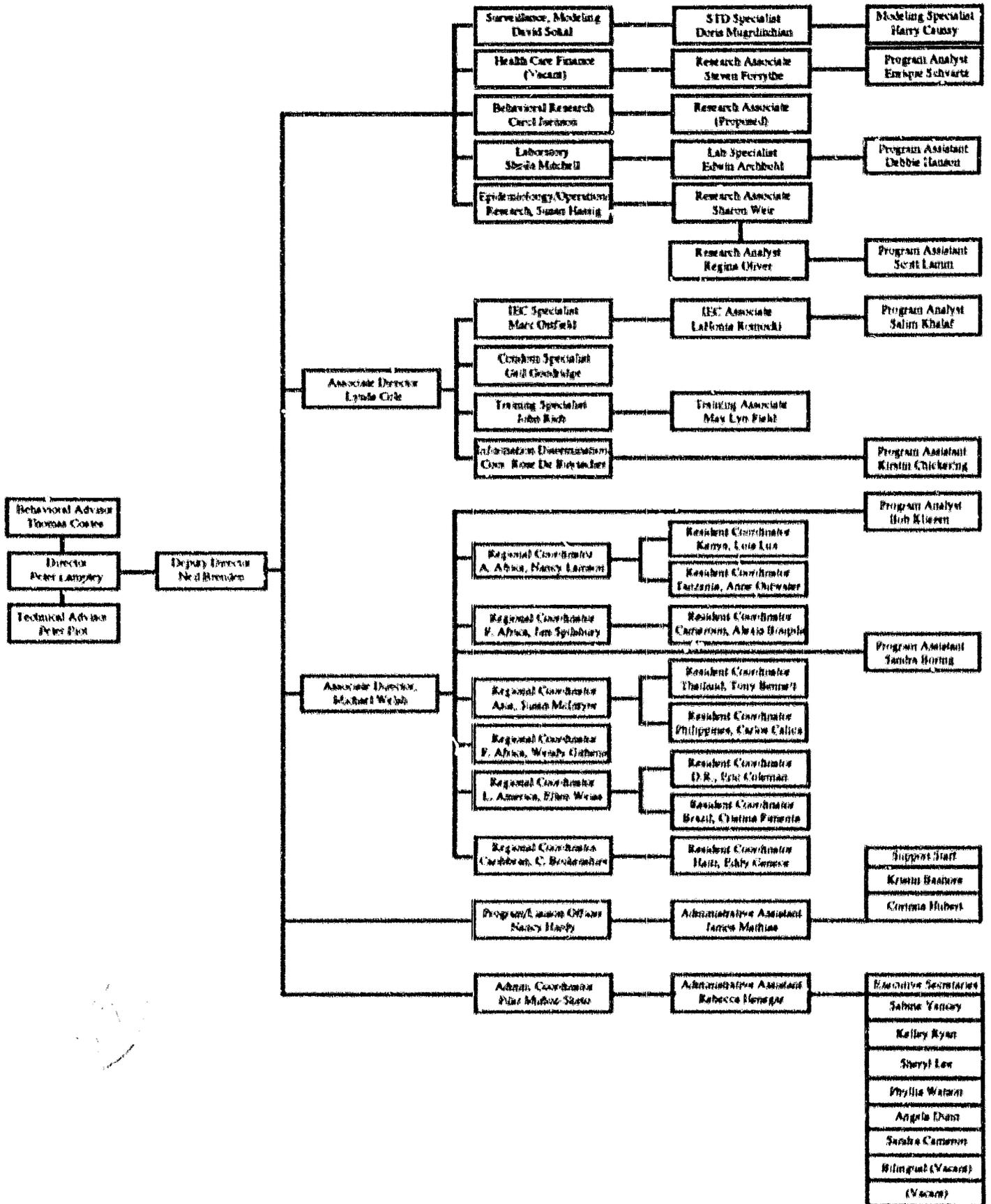
Using corporate resources and a joint program with IPPF funded by the British Overseas Development Administration, FHI is funding interventions to slow HIV transmission among high-risk groups in countries where A.I.D. does not normally work. Using the A.I.D. Cooperative Agreement in Contraceptive Research,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

Throughout its existence, and as exemplified in the preceding sections, AIDSTECH has made effective use of subcontracting mechanisms to expand upon FHI's own capacities to carry out the mandate of the program. Subcontracts with PSI, PATH, The Futures Group, AMREF, and with a range of PVOs and NGOs are used, as needed, to carry out AIDSTECH programs.

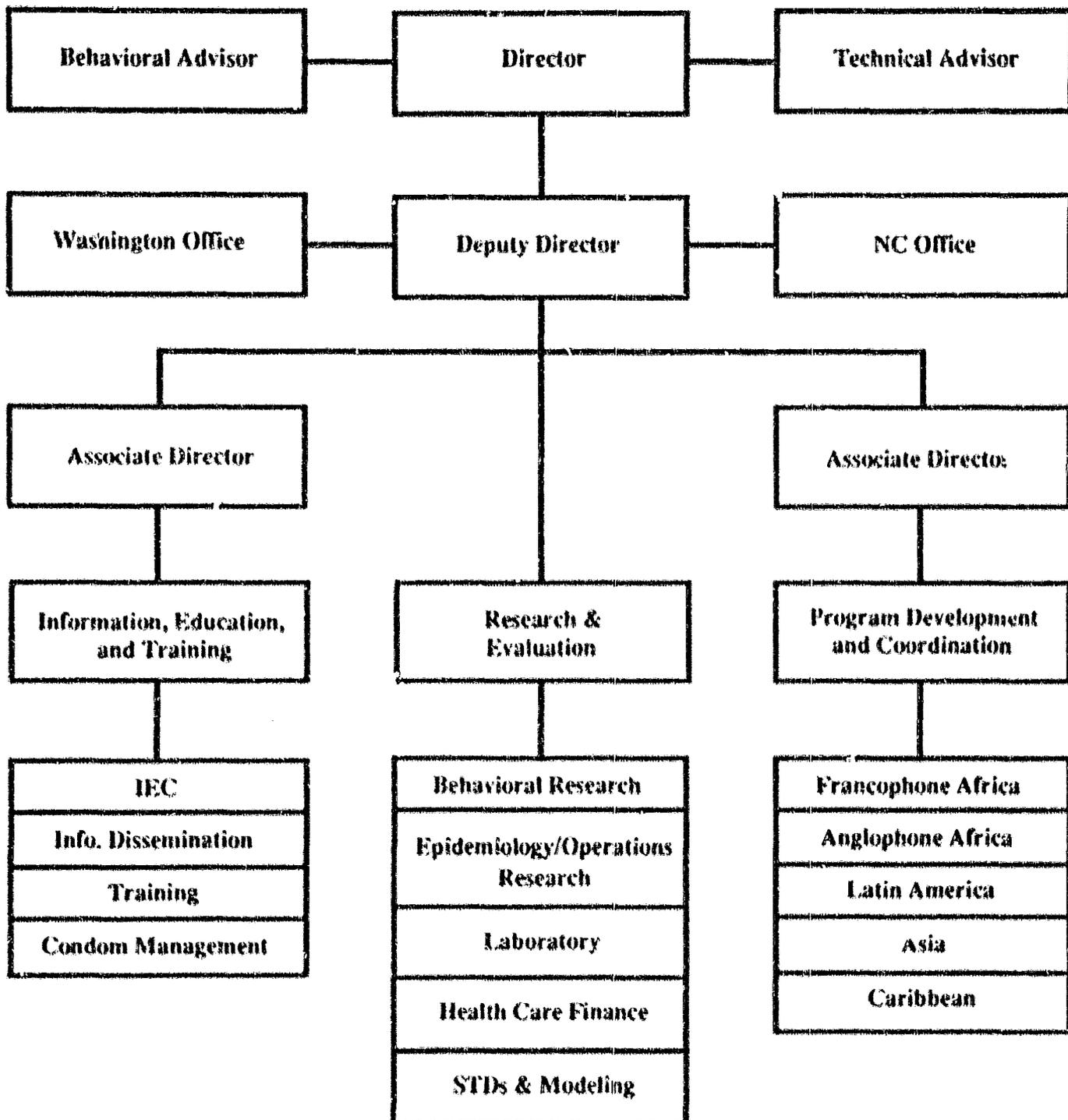
A. PERSONNEL AND ORGANIZATIONAL STRUCTURE

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

AIDSTECH Organizational Chart

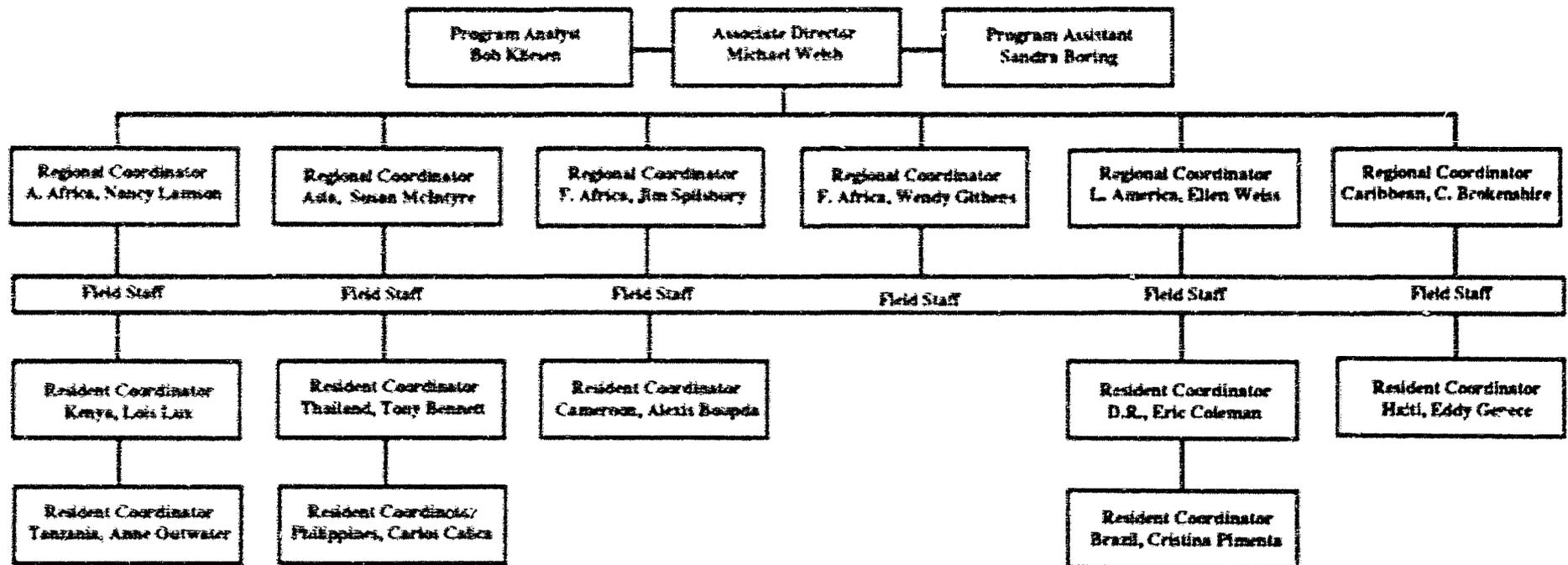


AIDSTECH Organizational Chart



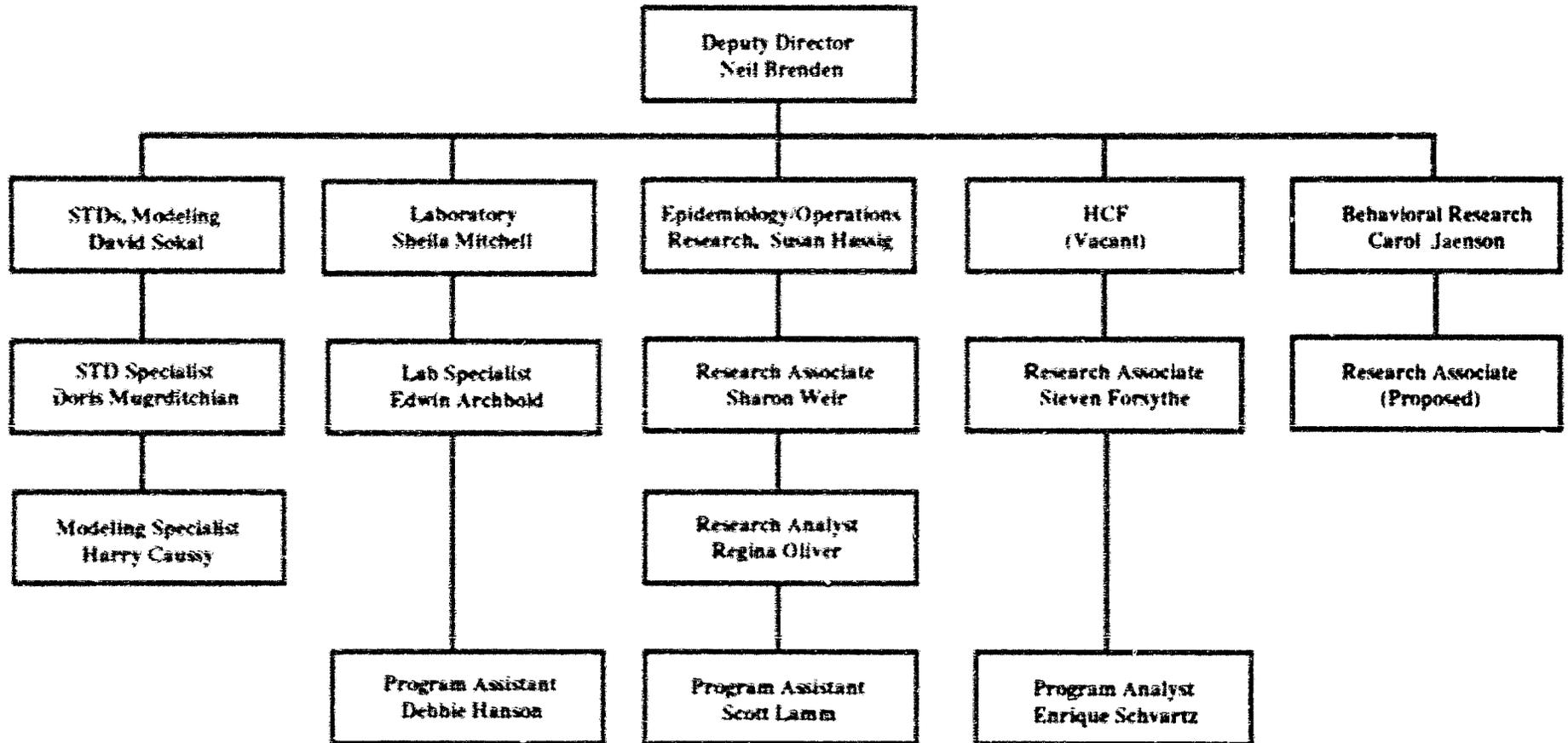
AIDSTECH Organizational Chart

Program Development and Coordination Unit



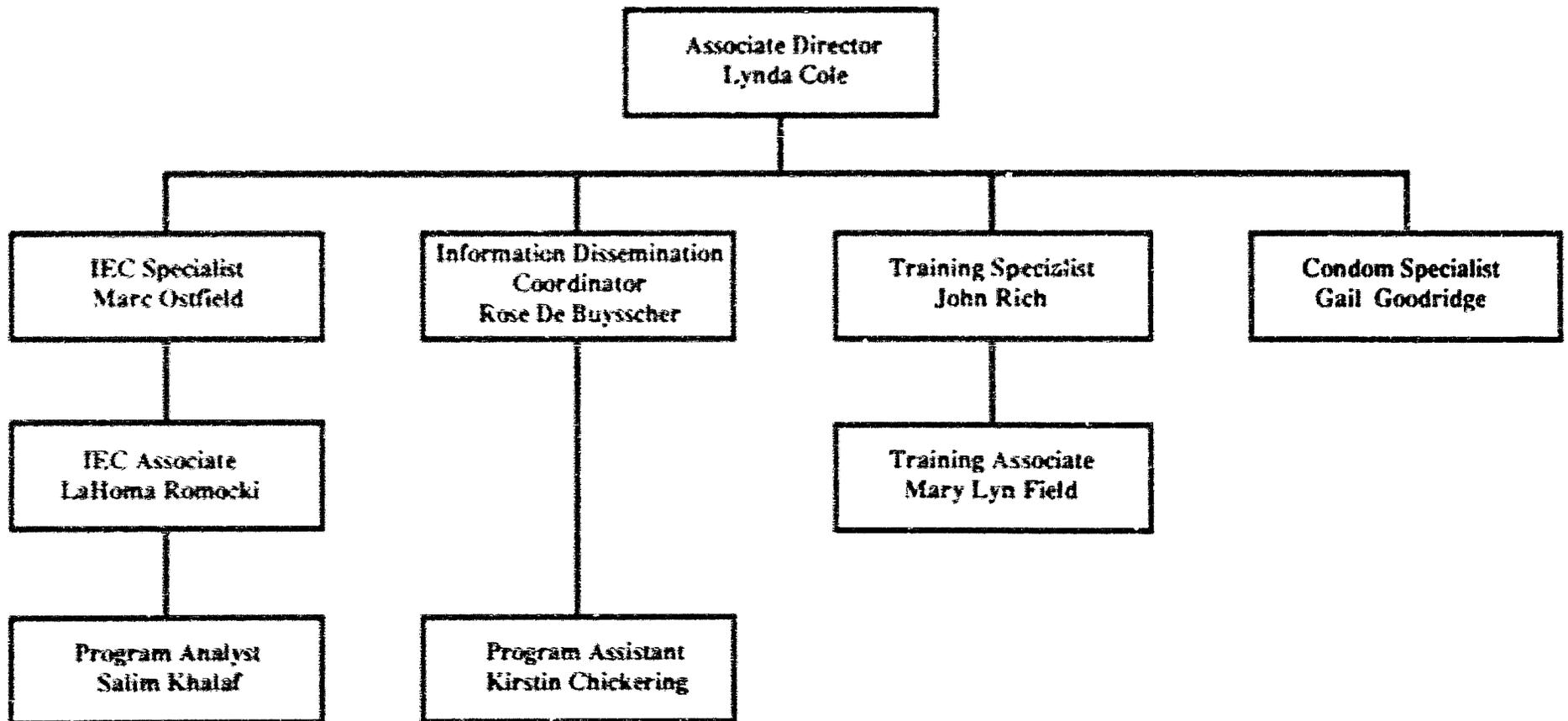
AIDSTECH Organizational Chart

Research and Evaluation Unit



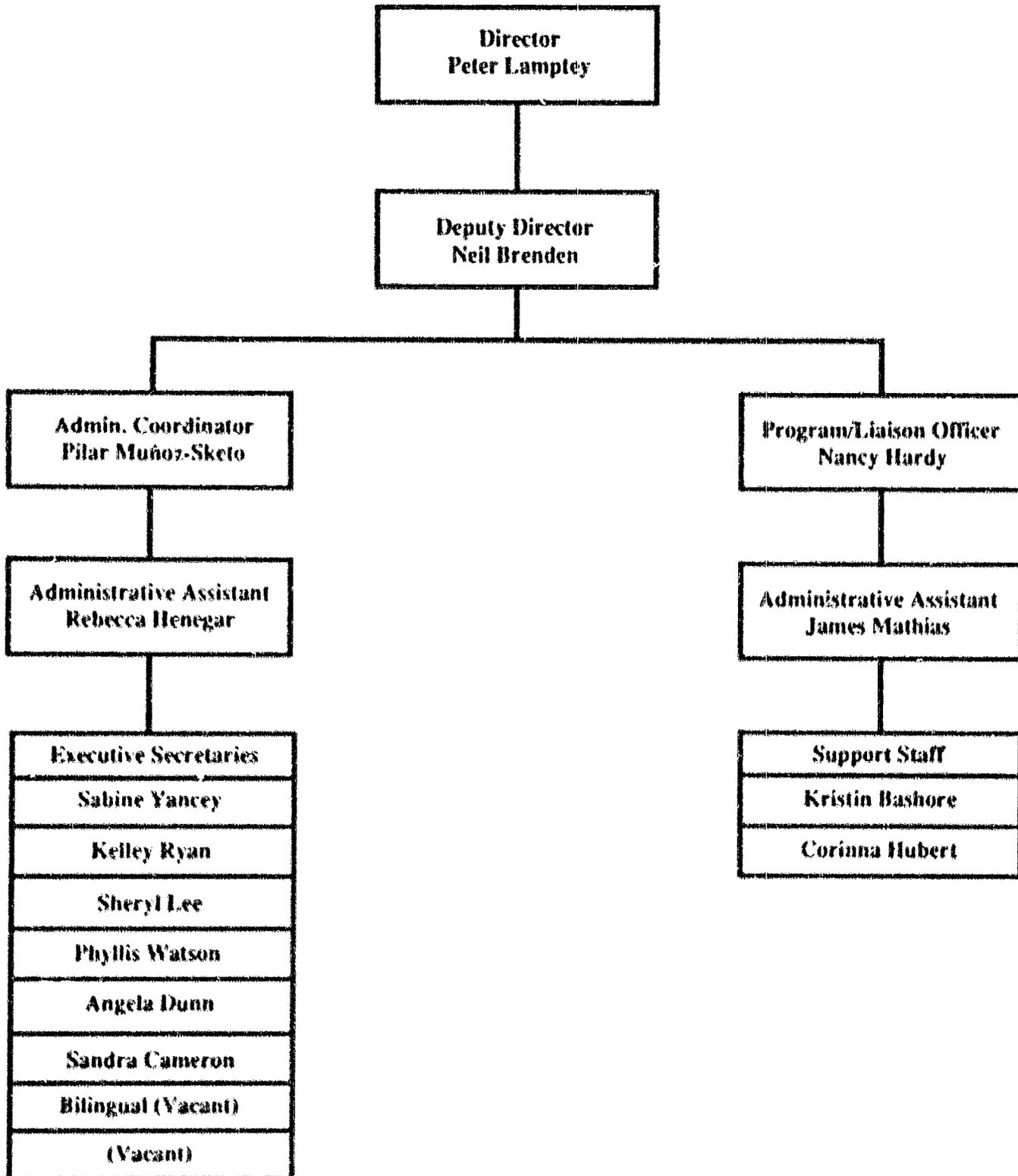
AIDSTECH Organizational Chart

Information, Education & Training Unit



AIDSTECH Organizational Chart

Administration



A Condom Specialist, a Modeling Specialist, and an additional Regional Coordinator for Africa have joined AIDSTECH in the past six months. AIDSTECH's current staffing structure is shown in the organizational chart on Page 99. In summary:

- o Forty-three core staff are located in North Carolina; these are supplemented by a Washington, DC staff of five and a field staff of eight.
- o Country Resident Coordinators are being used in selected countries where the scope of program activities justifies the placement of such a coordinator. FHI/AIDSTECH is contracting with Resident Coordinators in Kenya, Cameroon, Tanzania, the Philippines, Thailand, Brazil, Haiti, and the Dominican Republic.
- o Technical areas of staff expertise include epidemiology, operations research, program evaluation, behavioral research, laboratory, health care finance, surveillance, modeling, STDs, condom logistics, competency-based training, and information, education, and communication.
- o Regional coordinators provide general strategic and program management for identified geographical areas: Francophone Africa, Anglophone Africa, Asia, Latin America, and the Caribbean. AIDSTECH has split the Caribbean position into Eastern Caribbean and Haiti and is recruiting a Regional Coordinator for the Eastern Caribbean.

B. PROGRAM MANAGEMENT

The FHI Washington Office continues to be responsible for cable traffic between AIDSTECH and the USAID missions and for coordinating AIDSTECH activities with A.I.D./Washington.

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

AIDSTECH has also established a strong relationship with the World Health Organization. AIDSTECH staff made two visits to Geneva to attend a GPA Management Meeting and a meeting on Strengthening Research Capabilities of Least Developing Countries.

C. TECHNICAL ASSISTANCE

In the past six months, AIDSTECH has provided 41 weeks of technical assistance to 16 countries. Table 3 gives a breakdown of number of trips by program area and region.

Table 3
AIDSTECH Technical Assistance by Program Area and Region

| Program Area | Africa Region | | LAC Region | | ANE Region | | Total | |
|-----------------------|---------------|-----------|------------|-----------|------------|----------|-----------|-----------|
| | Trips | Weeks | Trips | Weeks | Trips | Weeks | Trips | Weeks |
| Sexual Transmission | 6 | 19 | 3 | 3 | 4 | 6 | 13 | 28 |
| Blood Transmission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Surveillance | 2 | 5 | 0 | 0 | 0 | 0 | 2 | 5 |
| Health Care Financing | 1 | 2 | 2 | 3 | 2 | 2 | 5 | 7 |
| Policy | 0 | 0 | 3 | 11 | 0 | 0 | 3 | 11 |
| Total | 9 | 26 | 8 | 17 | 6 | 8 | 23 | 41 |

D. ISSUES AND PROBLEMS

Project Delays. While FHI/AIDSTECH and A.I.D. agree that interventions with high-risk behavior groups are the most critical to slowing the spread of the AIDS epidemic, these interventions are also controversial and, therefore, often difficult to get approved by National AIDS Committees and other government entities that must serve as the local sponsors and implementing agencies. This has slowed somewhat our progress in getting interventions started in some countries. In the past six months, AIDSTECH has worked unsuccessfully to obtain approvals for interventions in Barbados, Kenya, and Burundi. AIDSTECH continues to work on informing, educating, and motivating National AIDS Committees about the need for programs with high-risk groups.

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

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

V. FUTURE PLANS

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

- o convene a meeting of project Principal Investigators, NIH, and AIDSTECH representatives in Florence in conjunction with the VII International Conference on AIDS; and
- o complete nine pilot projects under the Behavioral Research Grants Program.

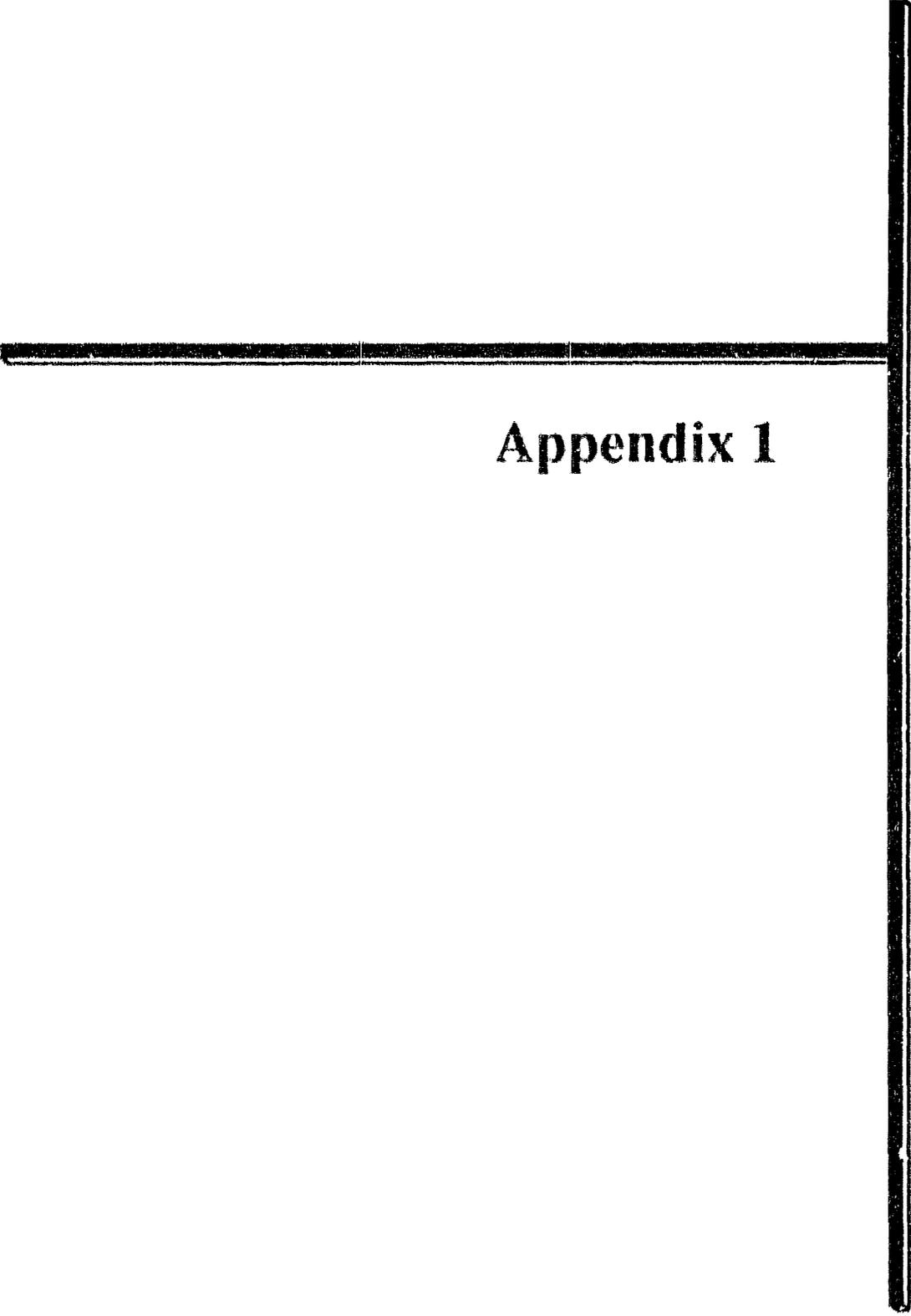
AIDSTECH will continue to focus efforts on interventions targeted at high-risk groups for the prevention of sexual transmission of HIV. Specifically, AIDSTECH will:

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

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

- o strengthen HIV/STD prevention efforts targeted toward STD patients; and
- o initiate an evaluation of the feasibility, acceptability, and efficacy of social marketing of STD drugs.

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



Appendix 1

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|----------------------|------------------|------------------|-------------------|
| Africa | | | |
| Sex | 3,187,074 | 2,575,217 | 5,762,291 |
| Blood | 454,189 | 1,162,979 | 1,617,168 |
| Surveillance | 167,281 | 311,130 | 478,411 |
| HCF | 19,282 | 65,000 | 84,282 |
| Other | 463,718 | 606,349 | 1,070,067 |
| Total | 4,291,544 | 4,720,675 | 9,012,219 |
| LAC | | | |
| Sex | 1,718,911 | 1,799,828 | 3,518,739 |
| Blood | 148,983 | 508,896 | 657,879 |
| Surveillance | 93,122 | 345,261 | 438,383 |
| HCF | 295,496 | 225,396 | 520,892 |
| Other | 533,484 | 756,353 | 1,289,837 |
| Total | 2,789,996 | 3,635,734 | 6,425,730 |
| ANE | | | |
| Sex | 943,544 | 635,059 | 1,578,603 |
| IVDU | 255,190 | 0 | 255,190 |
| Blood | 6,337 | 159,822 | 166,159 |
| Surveillance | 6,000 | 0 | 6,000 |
| HCF | 20,327 | 153,258 | 173,585 |
| Other | 342,202 | 177,899 | 520,101 |
| Total | 1,573,600 | 1,126,038 | 2,699,638 |
| Program Areas | | | |
| Sex | 5,849,529 | 5,010,104 | 10,859,633 |
| IVDU | 255,190 | 0 | 255,190 |
| Blood | 609,509 | 1,831,697 | 2,441,206 |
| Surveillance | 266,403 | 656,391 | 922,794 |
| HCF | 335,105 | 443,654 | 778,759 |
| Other | 1,339,404 | 1,340,601 | 2,880,005 |
| Regions | | | |
| Africa | 4,291,544 | 4,720,675 | 9,012,219 |
| LAC | 2,789,996 | 3,635,734 | 6,425,730 |
| ANE | 1,573,600 | 1,126,038 | 2,699,638 |
| Total | 8,655,140 | 9,482,447 | 18,137,587 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| Africa Region | Core | Add-On | Total |
|--------------------------|---------|---------|-----------|
| Botswana | 100,000 | 0 | 100,000 |
| Other | 9,178 | 6,539 | 15,717 |
| Total | 109,178 | 6,539 | 115,717 |
| Burkina Faso | | | |
| Sex | 176,782 | 361,650 | 538,342 |
| Blood | 83,184 | 78,991 | 162,175 |
| Surveillance | 8,000 | 0 | 8,000 |
| Other | 31,689 | 16,719 | 48,408 |
| Total | 299,655 | 457,360 | 757,015 |
| Burundi | | | |
| Sex | 6,602 | 874,949 | 881,551 |
| Surveillance | 98,281 | 50,905 | 149,186 |
| Other | 27,473 | 15,516 | 42,989 |
| Total | 132,356 | 941,370 | 1,073,726 |
| Cameroon | | | |
| Sex | 654,06 | 322,277 | 976,337 |
| Blood | 115,757 | 158,207 | 273,964 |
| Surveillance | 0 | 155,000 | 155,000 |
| HCF | 4,821 | 0 | 4,821 |
| Other | 66,446 | 21,729 | 88,175 |
| Total | 841,084 | 657,213 | 1,498,297 |
| Cape Verde | | | |
| Other | 4,261 | 0 | 4,261 |
| Total | 4,261 | 0 | 4,261 |
| Central African Republic | | | |
| Sex | 60,000 | 0 | 60,000 |
| Other | 0 | 6,781 | 6,781 |
| Total | 60,000 | 6,781 | 66,781 |
| Chad | | | |
| Other | 1,096 | 0 | 1,096 |
| Total | 1,096 | 0 | 1,096 |
| Congo | | | |
| Other | 0 | 6,386 | 6,386 |
| Total | 0 | 6,386 | 6,386 |
| Cote d'Ivoire | | | |
| Other | 13,461 | 21,745 | 35,206 |
| Total | 13,461 | 21,745 | 35,206 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|----------------------|---------|---------|-----------|
| Gambia | | | |
| Other | 5,301 | 0 | 5,301 |
| Total | 5,301 | 0 | 5,301 |
| Ghana | | | |
| Sex | 274,461 | 204,089 | 478,550 |
| Blood | 0 | 104,831 | 104,831 |
| Other | 26,930 | 10,061 | 36,991 |
| Total | 301,391 | 318,981 | 620,372 |
| Guinea | | | |
| Other | 5,415 | 0 | 5,415 |
| Total | 5,415 | 0 | 5,415 |
| Guinea-Bissau | | | |
| Other | 3,698 | 10,809 | 14,507 |
| Total | 3,698 | 10,809 | 14,507 |
| Kenya | | | |
| Sex | 399,133 | 180,410 | 579,543 |
| Blood | 111,104 | 172,776 | 283,880 |
| Other | 97,391 | 101,095 | 198,486 |
| Total | 607,628 | 454,281 | 1,061,909 |
| Lesotho | | | |
| Other | 5,455 | 6,876 | 12,331 |
| Total | 5,455 | 6,876 | 12,331 |
| Malawi | | | |
| Blood | 32,000 | 0 | 32,000 |
| Surveillance | 11,000 | 35,000 | 46,000 |
| HCF | 14,461 | 65,000 | 79,461 |
| Other | 10,905 | 23,287 | 34,192 |
| Total | 68,366 | 123,287 | 191,653 |
| Mali | | | |
| Sex | 30,485 | 100,000 | 136,485 |
| Other | 7,168 | 0 | 7,168 |
| Total | 43,653 | 100,000 | 143,653 |
| Mauritania | | | |
| Other | 1,814 | 0 | 1,814 |
| Total | 1,814 | 0 | 1,814 |
| Mozambique | | | |
| Other | 7,407 | 559 | 7,966 |
| Total | 7,407 | 559 | 7,966 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|------------------|---------|---------|---------|
| Niger | | | |
| Sex | 22,151 | 80,000 | 102,151 |
| Other | 4,631 | 6,103 | 10,734 |
| Total | 26,782 | 86,103 | 112,885 |
| Nigeria | | | |
| Sex | 100,040 | 0 | 100,040 |
| Other | 9,609 | 19,822 | 29,431 |
| Total | 109,649 | 19,822 | 129,471 |
| Rwanda | | | |
| Other | 0 | 9,502 | 9,502 |
| Total | 0 | 9,502 | 9,502 |
| Senegal | | | |
| Blood | 1,990 | 126,814 | 128,804 |
| Other | 5,035 | 51,303 | 56,338 |
| Total | 7,025 | 178,117 | 185,142 |
| Somalia | | | |
| Other | 0 | 5,785 | 5,785 |
| Total | 0 | 5,785 | 5,785 |
| Sudan | | | |
| Other | 5,046 | 6,070 | 11,116 |
| Total | 5,046 | 6,070 | 11,116 |
| Swaziland | | | |
| Other | 17,340 | 6,550 | 23,890 |
| Total | 17,340 | 6,550 | 23,890 |
| Tanzania | | | |
| Sex | 178,400 | 174,000 | 352,400 |
| Other | 5,710 | 52,111 | 57,821 |
| Total | 184,110 | 226,111 | 410,221 |
| Togo | | | |
| Other | 4,586 | 6,240 | 10,826 |
| Total | 4,586 | 6,240 | 10,826 |
| Uganda | | | |
| Sex | 158,750 | 0 | 158,750 |
| Blood | 88,000 | 0 | 88,000 |
| Other | 11,226 | 21,553 | 32,779 |
| Total | 257,976 | 21,553 | 279,529 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|----------------------------|------------------|------------------|------------------|
| Zaire | | | |
| Sex | 184,792 | 0 | 184,792 |
| Blood | 3,929 | 399,325 | 403,254 |
| Surveillance | 0 | 70,225 | 70,225 |
| Other | 48,637 | 35,790 | 84,427 |
| Total | 237,358 | 505,340 | 742,698 |
| Zambia | | | |
| Other | 6,665 | 18,941 | 25,606 |
| Total | 6,665 | 18,941 | 25,606 |
| Zimbabwe | | | |
| Sex | 420,918 | 277,842 | 698,760 |
| Blood | 18,225 | 122,035 | 140,260 |
| Other | 20,145 | 18,477 | 38,622 |
| Total | 459,288 | 418,354 | 877,642 |
| Regional | | | |
| Sex | 414,500 | 0 | 414,500 |
| Surveillance | 50,000 | 0 | 50,000 |
| Other | 0 | 100,000 | 100,000 |
| Total | 464,500 | 100,000 | 564,500 |
| Africa Region | | | |
| Sex | 3,187,074 | 2,572,217 | 5,762,291 |
| Blood | 454,189 | 1,162,979 | 1,617,168 |
| Surveillance | 167,281 | 311,130 | 478,411 |
| HCF | 19,282 | 65,000 | 84,282 |
| Other | 463,718 | 606,349 | 1,070,067 |
| Total Africa Region | 4,291,544 | 4,720,675 | 9,012,219 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| LAC Region | Core | Add-On | Total |
|---------------------------|---------|-----------|-----------|
| Belize | | | |
| Other | 7,621 | 0 | 7,621 |
| Total | 7,621 | 0 | 7,621 |
| Bolivia | | | |
| Sex | 0 | 31,031 | 31,031 |
| Blood | 8,634 | 31,923 | 40,557 |
| Surveillance | 0 | 20,046 | 20,046 |
| Other | 20,541 | 7,684 | 28,225 |
| Total | 29,175 | 90,684 | 119,859 |
| Brazil | | | |
| Sex/Training | 100,000 | 235,537 | 335,537 |
| Other | 29,514 | 59,194 | 88,708 |
| Total | 129,514 | 294,731 | 424,245 |
| Chile | | | |
| Sex | 100,000 | 0 | 100,000 |
| Other | 6,323 | 0 | 6,323 |
| Total | 106,323 | 0 | 106,323 |
| Colombia | | | |
| Other | 14,622 | 0 | 14,622 |
| Total | 14,622 | 0 | 14,622 |
| Costa Rica | | | |
| Sex | 52,663 | 0 | 52,663 |
| Other | 11,272 | 0 | 11,272 |
| Total | 3,935 | 0 | 63,935 |
| Dominican Republic | | | |
| Sex | 109,413 | 464,624 | 574,037 |
| Blood | 25,340 | 251,750 | 277,090 |
| Surveillance | 0 | 116,037 | 116,037 |
| HCF | 151,230 | 45,000 | 196,230 |
| Other | 132,714 | 221,962 | 354,676 |
| Total | 418,697 | 1,099,373 | 1,518,070 |
| Eastern Caribbean | | | |
| Sex | 202,190 | 554,523 | 756,713 |
| Blood | 15,000 | 60,000 | 75,000 |
| Surveillance | 0 | 11,039 | 11,039 |
| HCF | 0 | 128,401 | 128,401 |
| Other | 129,148 | 50,761 | 179,909 |
| Total | 346,338 | 804,724 | 1,151,062 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|--------------------|---------|-----------|-----------|
| Ecuador | | | |
| Sex | 84,281 | 9,660 | 103,941 |
| Blood | 81,103 | 47,109 | 128,212 |
| Surveillance | 15,070 | 7,139 | 22,209 |
| Other | 34,078 | 15,897 | 49,975 |
| Total | 214,532 | 89,805 | 304,337 |
| El Salvador | | | |
| Sex | 85,162 | 48,000 | 133,162 |
| Blood | 10,960 | 50,000 | 60,960 |
| Surveillance | 9,212 | 0 | 9,212 |
| Other | 19,470 | 0 | 19,470 |
| Total | 124,804 | 98,000 | 222,804 |
| Guatemala | | | |
| Sex | 15,800 | 0 | 15,800 |
| Blood | 6,850 | 0 | 6,850 |
| Surveillance | 6,850 | 0 | 6,850 |
| Other | 13,363 | 0 | 13,363 |
| Total | 42,863 | 0 | 42,863 |
| Haiti | | | |
| Sex | 349,913 | 428,448 | 778,361 |
| Surveillance | 0 | 191,000 | 191,000 |
| Other | 28,657 | 384,965 | 413,622 |
| Total | 378,570 | 1,004,413 | 1,382,983 |
| Honduras | | | |
| Other | 10,677 | 0 | 10,677 |
| Total | 10,677 | 0 | 10,677 |
| Jamaica | | | |
| Sex | 121,375 | 0 | 121,375 |
| Other | 11,371 | 15,890 | 27,261 |
| Total | 132,746 | 15,890 | 148,636 |
| Mexico | | | |
| Sex | 498,114 | 0 | 498,114 |
| Surveillance | 61,990 | 0 | 61,990 |
| HCF | 122,770 | 0 | 122,770 |
| Other | 36,674 | 0 | 36,674 |
| Total | 719,548 | 0 | 719,548 |
| Peru | | | |
| Sex | 0 | 18,005 | 18,005 |
| Blood | 1,096 | 0 | 1,096 |
| HCF | 21,496 | 31,995 | 53,491 |
| Other | 27,439 | 0 | 27,439 |
| Total | 50,031 | 50,000 | 100,031 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

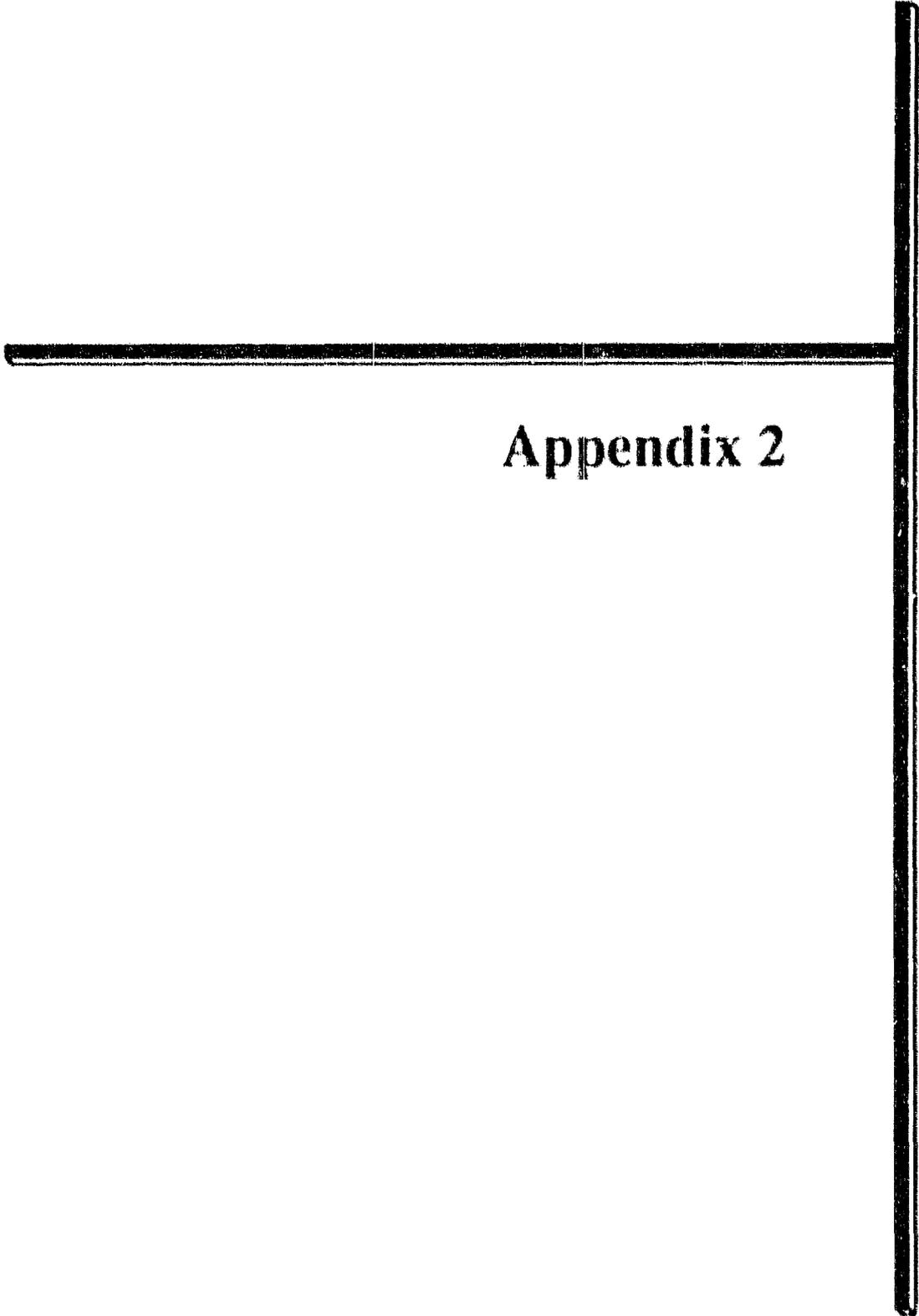
| | Core | Add-On | Total |
|-------------------------|------------------|------------------|------------------|
| Regional | | | |
| Blood | 0 | 68,114 | 68,114 |
| HCF | 0 | 20,000 | 20,000 |
| Total | 0 | 88,114 | 88,114 |
| LAC Region | | | |
| Sex | 1,718,911 | 1,799,828 | 3,518,739 |
| Blood | 148,983 | 508,896 | 657,879 |
| Surveillance | 93,122 | 345,261 | 438,383 |
| HCF | 295,496 | 225,396 | 520,892 |
| Other | 533,484 | 756,353 | 1,289,837 |
| Total LAC Region | 2,789,996 | 3,635,734 | 6,425,730 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| ANE Region | Core | Add-On | Total |
|----------------------|---------|-----------|-----------|
| Bangladesh | | | |
| Other | 10,806 | 0 | 10,806 |
| Total | 10,806 | 0 | 10,806 |
| Egypt | | | |
| Other | 7,756 | 0 | 7,756 |
| Total | 7,756 | 0 | 7,756 |
| India | | | |
| Other | 15,466 | 0 | 15,466 |
| Total | 15,466 | 0 | 15,466 |
| Indonesia | | | |
| Sex | 100,000 | 0 | 100,000 |
| Other | 26,372 | 0 | 26,372 |
| Total | 126,372 | 0 | 126,372 |
| Jordan | | | |
| Other | 9,505 | 0 | 9,505 |
| Total | 9,505 | 0 | 9,505 |
| Morocco | | | |
| Sex | 56,180 | 0 | 56,180 |
| Surveillance | 6,000 | 0 | 6,000 |
| Other | 21,348 | 0 | 21,348 |
| Total | 83,528 | 0 | 83,528 |
| Oman | | | |
| Other | 4,055 | 0 | 4,055 |
| Total | 4,055 | 0 | 4,055 |
| Pakistan | | | |
| Other | 8,819 | 0 | 8,819 |
| Total | 8,819 | 0 | 8,819 |
| Philippines | | | |
| Sex | 160,542 | 635,059 | 795,601 |
| Blood | 6,337 | 159,822 | 166,159 |
| HCF | 4,828 | 153,258 | 158,086 |
| Other | 51,587 | 177,899 | 229,486 |
| Total | 323,294 | 1,126,038 | 1,349,332 |
| South Pacific | | | |
| HCF | 15,499 | 0 | 15,499 |
| Other | 34,648 | 0 | 34,648 |
| Total | 50,147 | 0 | 50,147 |

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

| | Core | Add-On | Total |
|-------------------------|------------------|------------------|------------------|
| Sri Lanka | | | |
| Sex | 40,000 | 0 | 40,000 |
| Other | 11,314 | 0 | 11,314 |
| Total | 51,314 | 0 | 51,314 |
| Thailand | | | |
| Sex | 586,822 | 0 | 586,822 |
| IVDU | 255,190 | 0 | 255,190 |
| Other | 122,585 | 2,504 | 125,089 |
| Total | 964,597 | 2,504 | 967,101 |
| Tunisia | | | |
| Other | 9,855 | 0 | 9,855 |
| Total | 9,855 | 0 | 9,855 |
| Yemen | | | |
| Other | 5,582 | 0 | 5,582 |
| Total | 5,582 | 0 | 5,582 |
| ANE Region | | | |
| Sex | 943,544 | 635,059 | 1,578,603 |
| IVDU | 255,190 | 0 | 255,190 |
| Blood | 6,337 | 159,822 | 166,159 |
| Surveillance | 6,000 | 0 | 6,000 |
| HCF | 20,327 | 153,258 | 173,585 |
| Other | 342,202 | 177,899 | 520,101 |
| Total ANE Region | 1,573,600 | 1,126,038 | 2,699,638 |



Appendix 2

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|-----------------|
| Africa | | | | | |
| Regional | ADRA: AIDS Prevention Workshops | 06/89 | 74,500 | 0 | Complete |
| | Policy Development | 01/90 | 0 | 100,000 | Ongoing |
| | AIDS Film | 01/91 | 340,000 | 0 | Ongoing |
| | Regional Modeling Workshops | 05/91 | 50,000 | 0 | Planned |
| Botswana | National Plan Review | 02/88 | 1,096 | 0 | Complete |
| | Population Association of America Participation | 04/88 | 2,740 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 5,342 | 6,539 | Complete |
| | Peer Education for AIDS Prevention | 11/90 | 100,000 | 0 | Ongoing |
| Burkina Faso | Needs Assessment/ Project Development | 02/88 | 14,377 | 9,502 | Complete |
| | Equipment/Supplies Procurement/Training | 06/88 | 83,184 | 78,991 | Complete |
| | International AIDS Conference Participation | 06/88 | 17,312 | 7,217 | Complete |
| | Intervention with High Risk Groups | 11/88 | 2,298 | 61,650 | Ongoing |
| | National Social Marketing Program | 04/91 | 0 | 250,000 | Planned |
| | Pilot AIDS Social Marketing Program | 04/89 | 41,059 | 50,000 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Burkina Faso | Technical Assistance in Surveillance | 06/88 | 8,000 | 0 | Complete |
| | STD Surveillance and Control | 10/89 | 133,425 | 0 | Ongoing |
| Burundi | Needs Assessment | 02/88 | 9,502 | 9,502 | Complete |
| | International AIDS Conference Participation | 06/88 | 17,971 | 6,014 | Complete |
| | Intervention with High Risk Groups | 05/91 | 0 | 24,934 | Planned |
| | Cohort Surveillance | 05/89 | 98,281 | 50,905 | Ongoing |
| | Health Provider Training | 10/88 | 6,602 | 50,015 | Complete |
| | Condom Social Marketing | 08/91 | 0 | 800,000 | Planned |
| Cameroon | National Plan Review | 02/88 | 1,096 | 0 | Complete |
| | Project Development | 03/88 | 14,775 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 9,126 | 17,570 | Complete |
| | Tanzania Conference Participation | 09/88 | 4,110 | 0 | Complete |
| | Resident Coordinator | 06/89 | 31,461 | 4,159 | Ongoing |
| | Program Support | 01/89 | 5,878 | 0 | Ongoing |
| | Technical Assistance in Finance | 04/89 | 4,821 | 0 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Cameron | Intervention with High Risk Groups | 05/89 | 145,775 | 207,262 | Ongoing |
| | Sentinel Surveillance | 05/89 | 0 | 155,000 | Ongoing |
| | Evaluation of Condom Social Marketing | 11/90 | 20,000 | 0 | Ongoing |
| | Reducing Blood Transfusions | 10/89 | 0 | 30,527 | Complete |
| | Development of a Counseling Program | 10/89 | 0 | 15,015 | Ongoing |
| | HIV Testing and Training | 05/89 | 20,000 | 127,680 | Ongoing |
| | Efficacy of Barrier Methods | 04/89 | 38,285 | 100,000 | Ongoing |
| | International Health Services: AIDS Diagnostic Test | 03/89 | 95,757 | 0 | Ongoing |
| | Social Marketing of STD Drugs | 06/91 | 450,000 | 0 | Planned |
| Cape Verde | International AIDS Conference Participation | 06/89 | 4,261 | 0 | Complete |
| Central African Republic | International AIDS Conference Participation | 06/88 | 0 | 6,781 | Complete |
| | AFRICARE: Intervention with High Risk Groups | 05/91 | 60,000 | 0 | Planned |
| Chad | National Plan Review | 02/88 | 1,096 | 0 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Congo | International AIDS Conference Participation | 06/88 | 0 | 6,386 | Complete |
| Cote D'Ivoire | Needs Assessment/ Project Development | 12/87 | 8,905 | 9,502 | Complete |
| | International AIDS Conference Participation | 06/88 | 4,556 | 12,243 | Complete |
| Gambia | International AIDS Conference Participation | 06/89 | 5,301 | 0 | Complete |
| Ghana | Needs Assessment/ Project Development | 04/88 | 11,215 | 9,502 | Complete |
| | International AIDS Conference Participation | 06/88 | 9,756 | 559 | Complete |
| | Program Support | 01/89 | 5,959 | 0 | Ongoing |
| | Expanded Intervention with High Risk Groups | 06/89 | 94,313 | 58,937 | Ongoing |
| | Intervention with Military | 10/89 | 180,148 | 145,152 | Ongoing |
| | Rapid Test Evaluation | 01/89 | 0 | 104,831 | Complete |
| Guinea | International AIDS Conference Participation | 06/89 | 5,415 | 0 | Complete |
| Guinea- Bissau | International AIDS Conference Participation | 06/88 | 3,698 | 10,809 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Kenya | Needs Assessment/ Project Development | 01/88 | 10,484 | 8,608 | Complete |
| | Anthropologic Perspectives Meeting Participation | 01/88 | 5,480 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 8,483 | 10,287 | Complete |
| | Intervention with High Risk Groups in Mombasa | 05/91 | 89,320 | 36,305 | Planned |
| | Intervention with Truck Drivers | 01/90 | 70,020 | 67,130 | Ongoing |
| | Workshop for Family Planning Workers | 03/89 | 42,525 | 0 | Ongoing |
| | KAP Survey of Adolescents | 08/90 | 68,500 | 0 | Ongoing |
| | Crescent Medical Aid Educational Counseling Training Program | 01/90 | 24,861 | 0 | Ongoing |
| | Crescent Medical Aid: Strengthening STD Services | 04/91 | 0 | 76,975 | Planned |
| | Condom Assessment | 08/89 | 11,807 | 0 | Complete |
| | CEDPA/FLPS: Education and Counseling Training | 05/91 | 45,000 | 0 | Planned |
| | Kenya Red Cross: Counseling Training Program | 01/91 | 38,700 | 0 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Kenya | Evaluation of Trucker Interventions | 05/91 | 8,400 | 0 | Planned |
| | Rapid Test Evaluation | 10/88 | 0 | 104,831 | Complete |
| | Technical Assistance: Quality Control and Training | 10/90 | 0 | 67,945 | Ongoing |
| | Blood Bank Data Management | 11/89 | 69,204 | 0 | Ongoing |
| | Evaluation of HIV-1 Dipstick Assay | 10/90 | 41,900 | 0 | Ongoing |
| | Program Support | 01/89 | 2,944 | 0 | Ongoing |
| | East Africa Program Coordinator | 09/88 | 70,000 | 82,200 | Ongoing |
| Lesotho | International AIDS Conference Participation | 06/88 | 5,455 | 6,876 | Complete |
| Malawi | Training Lab Techs in HIV Testing | 11/87 | 0 | 10,275 | Complete |
| | International AIDS Conference Participation | 06/88 | 5,195 | 13,012 | Complete |
| | Needs Assessment | 01/89 | 5,710 | 0 | Complete |
| | Economic Impact of AIDS | 09/89 | 14,461 | 65,000 | Ongoing |
| | Technical Assistance Epidemiology | 09/89 | 11,000 | 35,000 | Ongoing |
| | Attitudes Toward Blood Donation | 11/90 | 32,000 | 0 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Mali | Expanded Intervention with High Risk Groups | 08/89 | 36,485 | 100,000 | Ongoing |
| | International AIDS Conference Participation | 06/90 | 7,168 | 0 | Complete |
| Mauritania | International AIDS Conference Participation | 06/90 | 1,814 | 0 | Complete |
| Mozambique | National Plan Review | 02/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 6,311 | 559 | Complete |
| Niger | International AIDS Conference Participation | 06/88 | 4,631 | 6,103 | Complete |
| | Intervention with High Risk Groups | 07/90 | 22,151 | 80,000 | Ongoing |
| Nigeria | Needs Assessment | 10/87 | 0 | 5,480 | Complete |
| | Workshop Technical Assistance | 02/88 | 0 | 7,508 | Complete |
| | International AIDS Conference Participation | 06/88 | 9,609 | 6,834 | Complete |
| | Expanded Intervention with High Risk Groups | 08/89 | 79,900 | 0 | Ongoing |
| | Interventions Workshop | 04/91 | 20,140 | 0 | Planned |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Rwanda | Needs Assessment | 02/88 | 0 | 9,502 | Complete |
| Senegal | Retrovirus Conference | 12/87 | 0 | 30,332 | Complete |
| | Needs Assessment/ Project Development | 12/87 | 252 | 9,502 | Complete |
| | International AIDS Conference Participation | 06/88 | 4,783 | 11,469 | Complete |
| | Equipment/Supplies Procurement | 06/88 | 1,990 | 21,985 | Complete |
| | Rapid Test Evaluation | 10/88 | 0 | 104,829 | Complete |
| Somalia | International AIDS Conference Participation | 06/88 | 0 | 5,785 | Complete |
| Sudan | International AIDS Conference Participation | 06/88 | 5,046 | 6,070 | Complete |
| Swaziland | National Plan Review | 03/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 5,453 | 6,550 | Complete |
| | Needs Assessment | 06/89 | 10,791 | 0 | Complete |
| Tanzania | Needs Assessment | 02/88 | 5,710 | 9,502 | Complete |
| | International AIDS Conference Participation | 06/88 | 0 | 13,609 | Complete |
| | Intervention with Long Distance Drivers | 10/88 | 140,000 | 89,000 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Tanzania | Evaluation of Trucker Interventions | 05/91 | 8,400 | 0 | Planned |
| | Strengthening STD Services for High Risk Groups | 01/91 | 0 | 85,000 | Ongoing |
| | Ethnographic Study of Truck Stops | 01/91 | 30,000 | 0 | Ongoing |
| | Resident Coordinator | 05/90 | 0 | 29,000 | Ongoing |
| Togo | International AIDS Conference Participation | 06/88 | 4,586 | 6,240 | Complete |
| Uganda | Needs Assessment | 01/88 | 0 | 9,502 | Complete |
| | Anthropologic Perspectives Meeting Participation | 01/88 | 6,344 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 4,882 | 12,051 | Complete |
| | AIDS Modeling | 04/90 | 88,000 | 0 | Ongoing |
| | AIDS/STD Study Support | 09/89 | 58,750 | 0 | Complete |
| | Sociocultural Context of AIDS | 11/90 | 100,000 | 0 | Ongoing |
| Zaire | National Plan Review | 01/88 | 1,096 | 0 | Complete |
| | Needs Assessment/ Project Development | 02/88 | 35,512 | 6,000 | Complete |
| | International AIDS Conference Participation | 06/88 | 12,029 | 29,790 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Zaire | HIV Screening Program | 07/91 | 0 | 300,000 | Planned |
| | Expansion of Social Marketing | 03/89 | 132,475 | 0 | Ongoing |
| | Rapid Test Evaluation | 04/89 | 3,929 | 99,325 | Complete |
| | AIDS Modeling | 05/91 | 0 | 70,225 | Planned |
| | Evaluation of Social Marketing | 11/90 | 20,000 | 0 | Ongoing |
| | Vaginal Drying Practices Study | 01/91 | 32,317 | 0 | Ongoing |
| Zambia | National Plan Review | 02/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 5,569 | 18,941 | Complete |
| Zimbabwe | International AIDS Conference Participation | 06/88 | 10,693 | 7,649 | Complete |
| | Tanzania AIDS Conference Participation | 09/88 | 2,055 | 0 | Complete |
| | Needs Assessment/Project Development | 07/88 | 7,397 | 10,828 | Complete |
| | KAP Module | 07/88 | 0 | 23,290 | Complete |
| | Intervention with High Risk Groups in Bulawayo | 09/89 | 0 | 171,865 | Ongoing |
| | Equipment/Supply Five Hospitals | 11/88 | 0 | 122,035 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Zimbabwe | Intervention with Labor on Commercial Farms | 11/90 | 0 | 50,000 | Ongoing |
| | Training in Disease Control Procedures and Laboratory Tests | 03/89 | 143 | 32,687 | Complete |
| | Supply Blood Transfusion Service | 03/89 | 18,225 | 0 | Complete |
| | Understanding Condom Use | 11/90 | 100,000 | 0 | Ongoing |
| | Intervention with HRG in Masvingo | 05/91 | 121,913 | 0 | Planned |
| | Intervention with HRG in Kariba | 05/91 | 117,873 | 0 | Planned |
| | Evaluation of Targeted Intervention | 05/91 | 80,989 | 0 | Planned |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|---|---|----------------------------|-------------------------|---------------------------|---------------|
| Latin America/ The Caribbean | | | | | |
| Regional | Health Care Finance Training | 05/90 | 0 | 20,000 | Ongoing |
| | IFA Regional Workshop | 05/91 | 68,114 | 0 | Planned |
| Belize | International AIDS Conference Participation | 06/88 | 7,621 | 0 | Complete |
| Bolivia | Needs Assessment | 04/88 | 7,535 | 7,684 | Complete |
| | Laboratory Technical Assistance | 04/88 | 1,501 | 0 | Complete |
| | National Plan Review | 04/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 11,910 | 0 | Complete |
| | Technical Assistance in Surveillance | 06/90 | 0 | 20,046 | Ongoing |
| | Technical Assistance in STD Control | 06/90 | 0 | 31,031 | Ongoing |
| | Technical Assistance in Blood/Laboratory | 01/90 | 7,133 | 31,923 | Ongoing |
| Brazil | International AIDS Conference Participation | 06/88 | 21,514 | 11,194 | Complete |
| | Needs Assessment | 12/88 | 8,000 | 8,000 | Complete |
| | General Training | 12/88 | 0 | 29,655 | Ongoing |
| | IMPACT Peer Educator Training | 03/90 | 100,000 | 0 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Brazil | CCII Institutional Development | 05/90 | 0 | 64,850 | Ongoing |
| | ABEPF Training | 05/90 | 0 | 63,688 | Ongoing |
| | BEMFAM Training | 04/90 | 0 | 77,344 | Ongoing |
| | Resident Coordinator | 08/90 | 0 | 40,000 | Ongoing |
| Chile | International AIDS Conference Participation | 06/88 | 6,323 | 0 | Complete |
| | Nursing Intervention to Prevent AIDS | 11/90 | 100,000 | 0 | Ongoing |
| Colombia | International AIDS Conference Participation | 06/88 | 14,622 | 0 | Complete |
| Costa Rica | International AIDS Conference Participation | 06/88 | 11,272 | 0 | Complete |
| | Education Program for Adolescents | 04/90 | 52,663 | 0 | Ongoing |
| Dominican Republic | Needs Assessment/ Project Development | 01/88 | 17,394 | 2,400 | Ongoing |
| | Global Impact of AIDS Conference Participation | 01/88 | 0 | 6,144 | Complete |
| | International AIDS Conference Participation | 06/88 | 10,104 | 0 | Complete |
| | National Plan Review | 09/88 | 1,096 | 0 | Complete |
| | Program Support | 06/88 | 104,120 | 20,000 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|--|--|----------------------------|-------------------------|---------------------------|-----------------|
| Dominican Republic | Puerto Plata: Intervention with High Risk Groups | 03/89 | 0 | 86,696 | Ongoing |
| | Santo Domingo: Intervention with High Risk Groups | 02/89 | 0 | 164,745 | Ongoing |
| | Expanded Intervention | 05/91 | 0 | 171,500 | Planned |
| | Sentinel Surveillance Technical Assistance | 10/88 | 0 | 116,037 | Ongoing |
| | Blood Screening Resource Needs Assessment | 02/90 | 5,340 | 67,000 | Ongoing |
| | Health Care Finance Modeling | 11/89 | 86,916 | 0 | Ongoing |
| | CSW Cost Recovery | 04/91 | 64,314 | 0 | Planned |
| | Private Sector Initiative | 06/90 | 0 | 45,000 | Planned |
| | Theatrical Presentations | 05/91 | 55,025 | 0 | Planned |
| | Training Health Care Providers | 05/90 | 0 | 41,683 | Planned |
| | Training PLUS Volunteers | 05/91 | 54,388 | 0 | Planned |
| | Blood Pooling | 02/90 | 20,000 | 65,000 | Complete |
| Laboratory Technical Assistance | 01/90 | 0 | 119,750 | Ongoing | |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|--|---|----------------------------|-------------------------|---------------------------|---------------|
| Dominican Republic | Provision of Other Equipment and Supplies | 01/90 | 0 | 30,000 | Ongoing |
| | Rental of Condom Storage | 11/88 | 0 | 98,418 | Ongoing |
| | Resident Coordinator | 02/90 | 0 | 65,000 | Ongoing |
| Eastern Caribbean | Needs Assessment/ Project Development | 01/88 | 25,590 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 16,058 | 0 | Complete |
| | Program Support | 01/89 | 65,000 | 0 | Ongoing |
| | Technical Assistance | 01/89 | 22,500 | 50,761 | Ongoing |
| | Condom Promotion | 10/90 | 0 | 40,000 | Ongoing |
| | Cost Recovery for Blood Screening Program: Trinidad | 05/90 | 0 | 70,925 | Ongoing |
| | General Population KABP Surveys | 08/89 | 0 | 60,000 | Ongoing |
| | HIV/STD Surveillance Workshops | 11/89 | 0 | 11,039 | Complete |
| | STD Services Upgrading | 10/89 | 0 | 20,000 | Ongoing |
| | Intervention with High Risk Groups: Trinidad | 09/90 | 51,433 | 62,930 | Ongoing |
| | Evaluation of Pooled Blood: Trinidad | 02/90 | 15,000 | 60,000 | Complete |
| Cost-Effective Treatment: Barbados | 11/90 | 0 | 57,476 | Ongoing | |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|--|--|----------------------------|-------------------------|---------------------------|---------------|
| Eastern Caribbean | Interventions with High Risk Groups: St. Lucia | 10/89 | 0 | 75,600 | Ongoing |
| | Intervention with High Risk Groups: Antigua | 10/89 | 25,757 | 51,193 | Ongoing |
| | Intervention with High Risk Groups: Barbados | 06/91 | 0 | 85,050 | Planned |
| | Sexual Intervention: Dominica | 06/91 | 0 | 45,000 | Planned |
| | PROJECT HOPE: AIDS Education Program | 12/88 | 125,000 | 0 | Ongoing |
| | STD/AIDS Small Grants Program | 11/89 | 0 | 114,750 | Ongoing |
| Ecuador | Needs Assessment | 01/88 | 7,535 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 6,143 | 5,897 | Complete |
| | Program Support | 09/88 | 5,400 | 0 | Ongoing |
| | Sentinel Surveillance Technical Assistance | 04/88 | 15,070 | 7,139 | Ongoing |
| | Mexico Observation Visits | 02/90 | 15,000 | 10,000 | Complete |
| | Intervention with High Risk Groups | 04/91 | 57,759 | 9,660 | Planned |
| | Laboratory Technical Assistance | 01/89 | 21,103 | 27,109 | Ongoing |
| | Training Health Care Providers | 03/89 | 26,522 | 10,000 | Complete |
| Evaluation of Screening Pooled Blood | 10/89 | 60,000 | 20,000 | Ongoing | |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| El Salvador | Needs Assessment | 04/88 | 4,110 | 0 | Complete |
| | Program Development | 09/88 | 3,000 | 0 | Ongoing |
| | International AIDS Conference Participation | 06/88 | 8,860 | 0 | Complete |
| | Laboratory Technical Assistance and Training | 07/88 | 10,960 | 50,000 | Ongoing |
| | Sentinel Surveillance Technical Assistance | 07/88 | 9,212 | 0 | Complete |
| | Intervention Technical Assistance | 07/88 | 3,500 | 0 | Complete |
| | Epidemiology/ Interventions with STD Clinic Patients | 10/89 | 14,450 | 48,000 | Ongoing |
| | Establishment of STD Clinic | 06/90 | 70,712 | 0 | Ongoing |
| Guatemala | Needs Assessment | 04/88 | 4,110 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 9,253 | 0 | Complete |
| | Laboratory Technical Assistance | 04/88 | 6,850 | 0 | Complete |
| | Sentinel Surveillance Technical Assistance | 07/88 | 6,850 | 0 | Complete |
| | Intervention Technical Assistance | 08/88 | 3,000 | 0 | Complete |
| | STD Technical Assistance | 05/90 | 12,800 | 0 | Ongoing |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|--|---|----------------------------|-------------------------|---------------------------|-----------------|
| Haiti | International AIDS Conference Participation | 06/88 | 14,457 | 0 | Complete |
| | Needs Assessment | 11/88 | 14,200 | 0 | Ongoing |
| | Technical Assistance | 10/89 | 0 | 205,000 | Ongoing |
| | Resident Coordinator | 10/89 | 0 | 155,750 | Ongoing |
| | IMPACT: Intervention with High Risk Groups | 05/89 | 83,295 | 164,044 | Ongoing |
| | CDS: Intervention with High Risk Groups | 06/89 | 61,188 | 0 | Ongoing |
| | AIDS Modeling | 10/89 | 56,200 | 40,000 | Ongoing |
| | STD Clinic AIDS Education | 01/90 | 49,230 | 0 | Ongoing |
| | Interventions in Factories | 04/91 | 0 | 138,616 | Planned |
| | Sentinel Surveillance and Counseling | 06/91 | 0 | 191,000 | Planned |
| | AIDS in the Workplace | 08/90 | 0 | 85,788 | Ongoing |
| | Condom Storage/ Distribution | 04/90 | 0 | 24,215 | Ongoing |
| Culture, Health and Sexuality | 11/90 | 100,000 | 0 | Ongoing | |
| Honduras | Needs Assessment | 01/89 | 7,682 | 0 | Complete |
| | International AIDS Conference Participation | 06/89 | 2,995 | 0 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Jamaica | Needs Assessment/ Project Development | 01/88 | 3,387 | 15,890 | Complete |
| | International AIDS Conference Participation | 06/88 | 7,984 | 0 | Complete |
| | STD Equipment | 11/88 | 21,375 | 0 | Complete |
| | AIDS Related Sexual Decision Making | 11/90 | 100,000 | 0 | Ongoing |
| Mexico | Needs Assessment/ Project Development | 01/88 | 10,535 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 26,139 | 0 | Complete |
| | Intervention with High Risk Groups | 11/88 | 204,000 | 0 | Ongoing |
| | Development of Disease Surveillance Survey | 06/88 | 61,990 | 0 | Complete |
| | Direct and Indirect Treatment and Prevention Costs | 07/88 | 112,349 | 0 | Complete |
| | Pharmacies and AIDS Prevention | 05/90 | 68,200 | 0 | Ongoing |
| | Radio Soap Opera | 08/90 | 68,062 | 0 | Ongoing |
| | Women and AIDS | 04/91 | 57,852 | 0 | Planned |
| | Influencing Risk Behaviors of Bisexual Males | 11/90 | 100,000 | 0 | Ongoing |
| | Economics of AIDS Workshop | 04/91 | 10,421 | 0 | Planned |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Peru | Needs Assessment/ Project Development | 04/88 | 15,070 | 0 | Complete |
| | Laboratory Technical Assistance | 04/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 12,369 | 0 | Complete |
| | Intervention with High Risk Group | 10/89 | 0 | 18,005 | Complete |
| | Blood/Finance Technical Assistance | 01/89 | 21,496 | 31,995 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Asia/ Near East | | | | | |
| Bangladesh | International AIDS Conference Participation | 06/88 | 10,806 | 0 | Complete |
| Egypt | International AIDS Conference Participation | 06/88 | 7,756 | 0 | Complete |
| India | International AIDS Conference Participation | 06/88 | 9,340 | 0 | Complete |
| | Needs Assessment | 01/89 | 6,126 | 0 | Complete |
| Indonesia | Needs Assessment | 02/88 | 13,700 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 12,672 | 0 | Complete |
| | AIDS Risk Behavior Among CSWs and Clients | 11/90 | 100,000 | 0 | Ongoing |
| Jordan | International AIDS Conference Participation | 06/88 | 9,505 | 0 | Complete |
| Morocco | International AIDS Conference Participation | 06/88 | 13,648 | 0 | Complete |
| | Needs Assessment | 07/88 | 7,700 | 0 | Complete |
| | Technical Assistance in Surveillance | 07/88 | 6,000 | 0 | Complete |
| | KAP Study and Education of Women | 01/90 | 56,180 | 0 | Ongoing |
| Oman | International AIDS Conference Participation | 06/89 | 4,055 | 0 | Complete |
| Pakistan | Needs Assessment | 01/89 | 8,819 | 0 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|--|----------------------------|-------------------------|---------------------------|---------------|
| Philippines | Needs Assessment/ Project Development | 02/88 | 41,100 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 10,487 | 7,899 | Complete |
| | Program Support | 07/88 | 0 | 170,000 | Ongoing |
| | Intervention with High Risk Groups in Manila | 01/89 | 0 | 275,000 | Complete |
| | Intervention in Olongapo/ Angeles City | 11/89 | 132,325 | 150,000 | Ongoing |
| | STD Clinics Upgrade | 05/89 | 17,003 | 187,708 | Complete |
| | Condom Distribution Technical Assistance | 09/89 | 11,214 | 22,351 | Complete |
| | Pooled Blood Screening | 08/89 | 6,337 | 81,785 | Complete |
| | Blood Screening: Needs Assessment & Surveillance | 01/90 | 4,828 | 153,258 | Ongoing |
| | Protection of Blood Supply | 07/89 | 0 | 78,037 | Complete |
| South Pacific | International AIDS Conference Participation | 06/88 | 17,067 | 0 | Complete |
| | Needs Assessment | 10/88 | 17,581 | 0 | Complete |
| | Finance Technical Assistance | 04/90 | 15,499 | 0 | Complete |

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

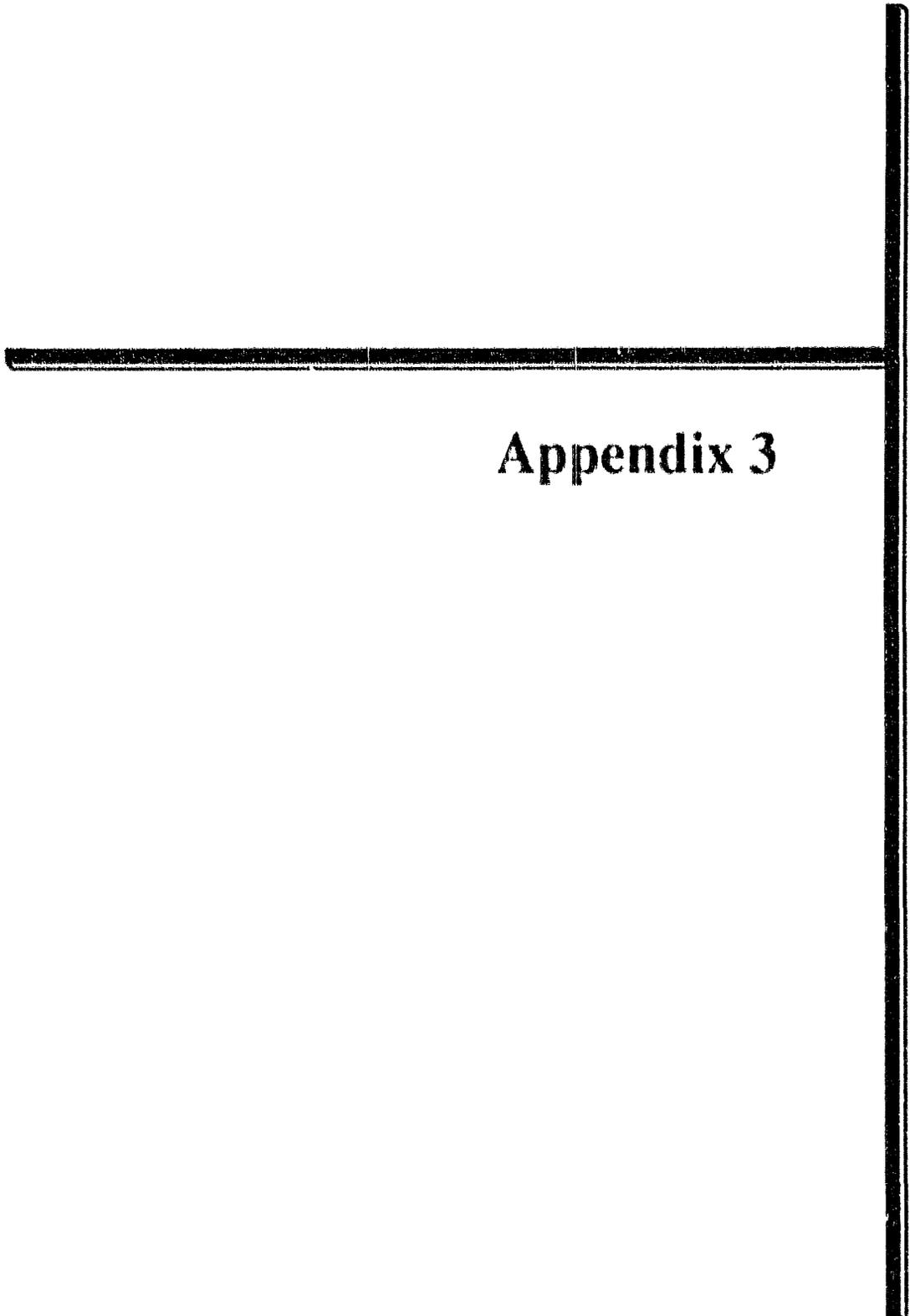
| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|--|---|----------------------------|-------------------------|---------------------------|-----------------|
| Sri Lanka | National Plan Review | 02/88 | 1,096 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 10,218 | 0 | Complete |
| | FPA: AIDS Education Program | 05/89 | 40,000 | 0 | Complete |
| Thailand | Needs Assessment Program Development | 02/88 | 36,971 | 0 | Complete |
| | International AIDS Conference Participation | 06/88 | 15,614 | 2,504 | Complete |
| | Resident Coordinator | 04/90 | 70,000 | 0 | Ongoing |
| | Intervention with High Risk Groups | 06/88 | 17,810 | 0 | Complete |
| | BMA: Intervention with Drug Abusers | 01/89 | 130,190 | 0 | Complete |
| | Duang Prateep Foundation: Intervention with Drug Abusers | 08/89 | 125,000 | 0 | Ongoing |
| | PDA: Taxi-Based Intervention | 08/89 | 70,200 | 0 | Complete |
| | AIDS Education in Institutions | 11/90 | 52,500 | 0 | Ongoing |
| | Counseling/IEC Training | 05/91 | 161,815 | 0 | Planned |
| | Condom Logistics Workshop | 08/90 | 22,500 | 0 | Ongoing |
| Operation Research Small Grants Program | 08/90 | 89,500 | 0 | Ongoing | |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|----------------------------|---|----------------------------|-------------------------|---------------------------|---------------|
| Thailand | AIDS Flip Chart | 10/90 | 41,500 | 0 | Ongoing |
| | Behavioral Research for AIDS Prevention | 11/90 | 100,000 | 0 | Ongoing |
| | Evaluation of Mass Media Campaign | 06/91 | 30,997 | 0 | Planned |
| Tunisia | International AIDS Conference Participation | 06/88 | 7,526 | 0 | Complete |
| | Needs Assessment | 07/88 | 2,329 | 0 | Complete |
| Yemen | International AIDS Conference Participation | 06/89 | 5,582 | 0 | Complete |

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

| REGION/ COUNTRY | PROJECT | INITIATION DATE | CORE FUNDING | ADD-ON FUNDING | STATUS |
|------------------------------|---|----------------------------|-------------------------|---------------------------|-----------------|
| North America USA | Population Council: Modeling | 05/88 | 109,580 | 100,000 | Complete |
| | The Futures Group: Modeling | 10/88 | 54,800 | 0 | Ongoing |
| | STD Annotated Bibliography | 07/88 | 19,790 | 0 | Complete |



Appendix 3

Sommaire - Envoi No. 9 - novembre 1990

1. "Tests Rapides sur le VIH au Zaire: Evaluation sur le Terrain." 1990; 14p.
2. "Evaluation sur le terrain des tests rapides du HIV au Senegal." 1990; 13p.
3. Caumes, E. et al. "Syphilis acquise au cours de l'infection par le virus de l'immunodéficience humaine." La Presse Medicale. 3 mars 1990; 19(8):369- 371.
4. Blanche, S. "Profil évolutif de l'infection à VIH de l'enfant." La Revue du Praticien. 11 janvier 1990; 40(2):124-126.
5. Organisation mondiale de la Santé. "Consultation sur le SIDA et le lieu de travail: Déclaration - Genève, 27-29 juin 1988." 3p.
6. Organisation mondiale de la Santé. "Rapport de la consultation sur les maladies sexuellement transmissibles comme facteur de risque pour la transmission du VIH - Genève, 4-6 janvier 1989." WHO/GPA/ESR/89.1. 9p.
7. Mann, Jonathan M. "Le SIDA dans le monde dans les années 1990." WHO/GPA/INF/89.14. 7p.
8. Organisation mondiale de la Santé. "Objectifs minimums des services de transfusion sanguine - Genève, 20-22 mars 1989." WHO/GPA/INF/89.14. 4p.
9. Organisation mondiale de la Santé. "Déclaration de consensus concernant les methodes accélérées permettant de reduire le risque de transmission du VIH par la transfusion sanguine - Genève, 20-22 mars 1989." WHO/GPA/INF/89.13. 5p.
10. Organisation mondiale de la Santé. "Déclaration par consensus adoptée à l'issue de la consultation sur l'épidémiologie du VIH et la prostitution - Genève, 3-6 1989." WHO/GPA/INF/89.11. 6p.
11. SIDA Medecine Sentinelle. mai 1990; 5(5). 15p.
12. SIDA Medecine Sentinelle. juin 1990; 6(3). 14p.
13. SIDA Medecine Sentinelle. août 1990; 3(7,8). 12p.

Sommaire - AIDSTECH envoi no. 10 - fevrier 1991

1. Goldsmith, Marsha F. "Le HIV agit-il seul ou avec l'aide d'un autre germe?" Journal of the American Medical Association (Edition française). 15 octobre 1990; 15(212):1107-1110.
2. Merlin, M. et al. "Surveillance épidémiologique du syndrome d'immunodépression acquise dans six états d'Afrique centrale." Médecine Tropicale. Octobre-December 1988; 48(4):381-389.
3. Cathebras, P. et al. "Tuberculose et infection par le virus de l'immunodéficience humaine en République Centrafricaine." Médecine Tropicale. Octobre-December 1988; 48(4):401-407.
4. Ouattara, S.A. et al. "Épidémiologie des infections par les virus de l'immunodéficience humaine VIH-1 et VIH-2 en Côte d'Ivoire." Médecine Tropicale. Octobre-December 1988; 48(4):375-379.
5. Durand, J.P. et al. "Prevalence des porteurs d'anticorps contre les virus de l'immunodéficience humaine (VIH-1 et VIH-2) dans le sud-Cameroun." Médecine Tropicale. Octobre-December 1988; 48(4):391-395.
6. Dechazal, L. et al. "Randomisation d'une population pour un essai clinique d'immunisation contre le virus de l'immunodéficience humaine (VIH)." Médecine Tropicale. Octobre-December 1988; 48(4):413-416.
7. Poidatz, E. "Interêt de l'examen bucco-cervico-facial dans le diagnostic de l'infection par le virus d'immunodéficience humaine." Le Chirurgien-Dentiste de France. 29 septembre 1989; 486:51-54.
8. "La procedure à suivre." SIDA 90. Septembre 1990; 20:15-16.
9. Spencer, Brenda. "Où mettre les préservatifs?" SIDA 90. Aout 1990; 19:31-32.
10. Organisation mondiale de la Santé. "SIDA recommandations pour l'interpretation des résultats des tests d'immunotransfert pour le VIH-2" Bulletin de l'Organisation mondiale de la Santé. 1990; 68(4): 519-521.
11. Organisation mondiale de la Santé. "SIDA - données au 30 septembre 1990." Relevé épidémiologique hebdomadaire. 5 octobre 1990; 65(40):305-306.
12. Organisation mondiale de la Santé. "Risque de transmission du SIDA et d'autres maladies liées au sang au cours de activités antipaludiques systematiques." Relevé épidémiologique hebdomadaire. 9 novembre 1990; 65(45):345-349.
13. SidAlerte. 15 janvier 1991. Tome 1(no. 0):1-42.

List of Contents - Mailing #18 - October 1990

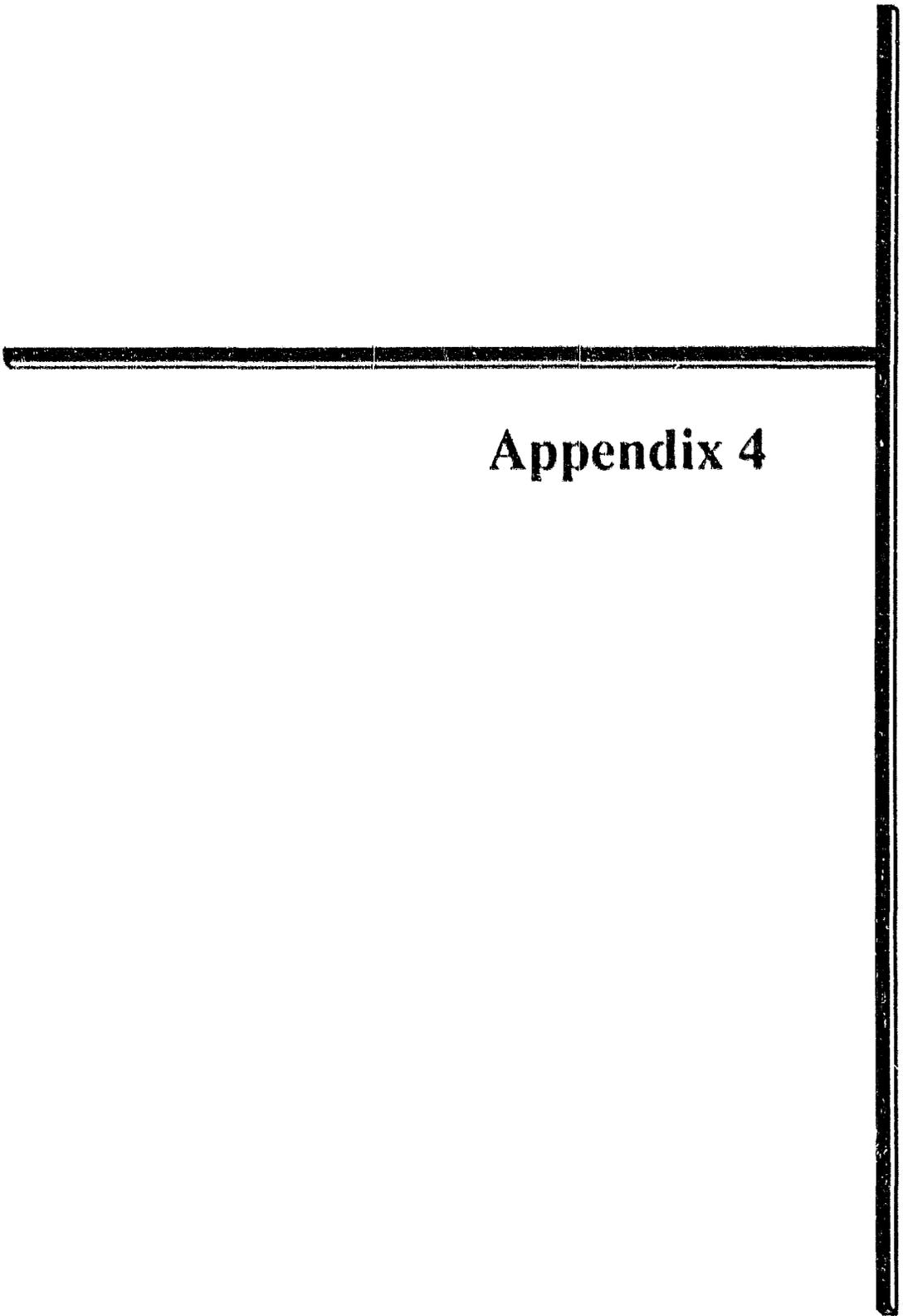
- 1. Family Health International/AIDSTECH. "Finance Strategy Paper #1." 4p.**
- 2. Family Health International/AIDSTECH. "Health Care Finance Activities." 5p.**
- 3. Scitovsky, Anne A. et al. "AIDS: costs of care in the developed and the developing world." AIDS. 1988; 2(suppl 1):S71-S81.**
- 4. Scitovsky, Anne A. et al. "The Cost of AIDS." Issues in Science and Technology. Fall 1987; 4(1):61-66.**
- 5. Scitovsky, Anne A. "Studying the Cost of HIV-related Illnesses: Reflections on the Moving Target." The Milbank Quarterly. 1989; 67(2):318-344.**
- 6. Hellinger, Fred J. "Updated Forecasts of the Costs of Medical Care for Persons with AIDS, 1989-93." Public Health Reports. 1990; 105(1):1-12.**
- 7. Hussain, A.M. Zakir. "Cost analysis of a primary health care centre in Bangladesh." Bulletin of the World Health Organization. 61(3):477-483.**
- 8. Chin, J. et al. "Projections of HIV infections and AIDS cases to the year 2000." Bulletin of the World Health Organization. 1990; 66(1):1-11.**
- 9. Thompson, Mark S. et al. "The Costs of AIDS: Alternative Methodological Approaches." Conference Proceedings - Health Research Methodology: A Focus on AIDS. September 1989; 95-105.**
- 10. Hidalgo, Julia. "Development of Information Systems for Use in Estimating the Costs, Financing, and Treatment of AIDS." Conference Proceedings - Health Research Methodology: A Focus on AIDS. September 1989; 109-111.**

List of Contents - Mailing #19 - December 1990

1. van de Walle, Etienne. "The Social Impact of AIDS in Sub-Saharan Africa." *The Milbank Quarterly*. 1990; 68(Suppl 1):10-32.
2. Lysterly, William et al. "HIV Transmission and the Military." *AIDS & Society*. July 1990; 1(4):1,8-10.
3. Ryder, Robert W. et al. "Heterosexual transmission of HIV-1 among employees and their spouses at two large businesses in Zaire." *AIDS*. 1990; 4(8):725-732.
4. Behets, Frieda et al. "Successful use of pooled sera to determine HIV-1 seroprevalence in Zaire with development of cost-efficiency models." *AIDS*. 1990; 4(8):737-741.
5. Bradbeer, Caroline. "Human immunodeficiency virus and its relationship to women" *AIDS*. July 1990; 1:233-238.
6. Goodgame, Richard W. "AIDS in Uganda - Clinical and Social Features." *New England Journal of Medicine*. 9 August 1990; 323(6):383-389.
7. Eisenstaedt, Richard S. et al. "Screening Blood Donors for Human Immunodeficiency Virus Antibody: Cost-Benefit Analysis." *American Journal of Public Health*. April 1988; 78(4):450-454.
8. Petosa, Rick et al. "The AIDS Education Needs of Adolescents: A Theory-Based Approach." *AIDS Education and Prevention*. 1990; 2(2):127-136.
9. Elliott, Alison M. et al. "Impact of HIV on tuberculosis in Zambia: a cross-sectional study." *BMJ*. 1 September 1990; 301:412-515.
10. Pan American Health Organization. "AIDS/HIV - Annual Surveillance Report - 1989." PNSP/90-20 EN.
11. AIDSCOM. "Major Findings and Rapporteur Session on Public Policy Issues - Sixth International Conference on AIDS - San Francisco, June 1990." 17p.

List of Contents - Mailing #20 - February 1991

1. Palca, Joseph. "African AIDS: Whose Research Rules?" *Science*. 12 October 1990; 250:199-201.
2. Knobel, G.J. "Medicolegal issues in caring for people with HIV infection." *South African Medical Journal*. 20 August 1988; 74:150-151.
3. Bayer, Ronald. "Ethical and social policy issues raised by HIV screening: the epidemic evolves and so do the challenges." *AIDS*. 1989; 3:119-124.
4. Zuger, Abigail et al. "Physicians, AIDS, and Occupational Risk." *Journal of the American Medical Association*. 9 October 1987; 258(14):1924-1928.
5. United Nations Centre for Human Rights, World Health Organization. "International Consultation on AIDS and Human Rights - Geneva, 26-28 July 1989." HR/AIDS/1989/3. 26p.
6. Christakis, Nicholas A. "The Ethical Design of an AIDS Vaccine Trial in Africa." *Hastings Center Report*. June/July 1988; 31-37.
7. Porter, Joan P. et al. "Ethical Considerations in AIDS Vaccine Testing." *IRB*. May/June 1989; 1-4.
8. Minkoff, Howard L. "Managing AIDS in pregnant patients." *CONTEMPORARY OB/GYN*. 106-114.
9. Mann, Jonathan M. "AIDS: Discrimination and Public Health." (Paper presented at the IV International Conference of AIDS - Stockholm, Sweden). 3p.
10. Torrey, Barbara Boyle. "Seroprevalence of HIV in Africa: Winter 1990." *Center for International Research Staff Paper No. 55*. May 1990; 41p.



Appendix 4

APPENDIX 4

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

Expenditures By Type

1 October 1990 - 31 March 1991

| | |
|---|---------------------|
| Salaries and Fringe Benefits | \$ 955,638 |
| Service Centers | 14,018 |
| Consultant and Professional Fees | 80,850 |
| Contracted Labor | 186,405 |
| Travel-Domestic | 57,196 |
| Travel-Foreign | 320,118 |
| Supplies - Office | 19,886 |
| Supplies - Medical | 58,261 |
| Office Rent, Telephone, Postage | 41,510 |
| Printing, Publications, Subscriptions | 46,966 |
| Office Equipment, Medical Equipment, Equipment Rental, Maintenance, Depreciation | 18,313 |
| Freight | 20,198 |
| Subagreements | 1,181,725 |
| Dues and Registration Fees | 34,028 |
| Other Purchased Services | 60,626 |
| Other Expenses, Key punching, and Bank Service Charges | 35,599 |
| General and Administrative Costs | 808,818 |
| Total: | \$ 3,940,155 |

**APPENDIX 4
AIDSTECH EXPENDITURES BY ACTIVITY AND COUNTRY**

| ACTIVITY/COUNTRY | CORE EXPENSES | ADD-ON EXPENSES | TOTAL |
|-------------------------------------|------------------|--------------------|-----------|
| CORE SUPPORT: | | | |
| Management/Support Services | 486,488 | | 486,488 |
| AIDS Report | 56,000 | | 56,000 |
| Washington Office | 135,295 | | 135,295 |
| General/Regional Conferences | 230,237 | | 230,237 |
| International AIDS Conference | 35,183 | | 35,183 |
| International Training Program | 7,215 | | 7,215 |
| Task Force | 9,803 | | 9,803 |
| Graphics | 9,774 | | 9,774 |
| Other | 34,474 | | 34,474 |
| | ----- | ----- | ----- |
| Subtotal | 1,004,469 | | 1,004,469 |
| PROGRAM DEVELOPMENT: | | | |
| Sexual Transmission | 82,381 | | 82,381 |
| Blood | 78,27 | | 78,275 |
| Surveillance | 30,087 | | 30,087 |
| HCF | 37,346 | | 37,346 |
| Condom Logistics | 6,798 | | 6,798 |
| IEC | 460 | | 460 |
| Training | 22,390 | | 22,390 |
| Operations Research | 33,490 | | 33,490 |
| Research Fellows | 35,384 | | 35,384 |
| Behavior Research Grants Award | 126,018 | | 126,018 |
| Information Dissemination | 123,243 | | 123,243 |
| | ----- | ----- | ----- |
| Subtotal | 575,872 | | 575,872 |
| ASIA/NEAR EAST EXPENDITURES: | | | |
| Indonesia | 29,942 | 0 | 29,942 |
| Morocco | 1,231 | 0 | 1,231 |
| Philippines | 695 | 78,547 | 79,242 |
| Sri Lanka | 4,148 | 0 | 4,148 |
| Thailand | 134,622 | 38,462 | 173,084 |
| | ----- | ----- | ----- |
| Subtotal | 117,638 | 117,009 | 287,647 |

| ACTIVITY/COUNTRY | CORE EXPENSES | ADD-ON EXPENSES | TOTAL |
|---|----------------------|------------------------|------------------|
| AFRICA EXPENDITURES: | | | |
| Regional | 15,646 | 0 | 15,646 |
| Botswana | 15,354 | 0 | 15,354 |
| Burkina Faso | 19,669 | 6,025 | 25,694 |
| Burundi | 39,513 | 1,475 | 40,988 |
| Cameroon | 70,700 | 142,230 | 212,930 |
| Central African Republic | 1,041 | 0 | 1,041 |
| Ghana | 65,509 | 20,179 | 85,688 |
| Kenya | 89,365 | 25,959 | 115,324 |
| Malawi | 21,200 | 15,265 | 36,465 |
| Mali | 233 | 47,276 | 47,509 |
| Niger | 0 | 16,776 | 16,776 |
| Nigeria | 26,479 | 0 | 26,479 |
| Senegal | 0 | 4,134 | 4,134 |
| Tanzania | 14,119 | 48,868 | 62,987 |
| Uganda | 18,987 | 0 | 18,987 |
| Zaire | 196,662 | 0 | 196,662 |
| Zimbabwe | 18,717 | 41,527 | 60,244 |
| Subtotal | 613,194 | 369,714 | 982,908 |
| LATIN AMERICA/ CARIBBEAN EXPENDITURES: | | | |
| Regional | 0 | 569 | 569 |
| Bolivia | 8,069 | (2,787) | 5,282 |
| Brazil | 12,321 | 112,707 | 125,028 |
| Chile | 26,942 | 0 | 26,942 |
| Costa Rica | 6,720 | 0 | 6,720 |
| Dominican Republic | 15,355 | 147,744 | 163,099 |
| Eastern Caribbean | 3,193 | 143,688 | 146,881 |
| Ecuador | 6,112 | 1,730 | 7,842 |
| El Salvador | 41,452 | 5,592 | 47,044 |
| Guatemala | 1,860 | 0 | 1,860 |
| Haiti | 70,214 | 256,603 | 326,817 |
| Jamaica | 37,271 | 0 | 37,271 |
| Mexico | 130,740 | 0 | 130,740 |
| Peru | 888 | 0 | 888 |
| Subtotal | 361,137 | 665,846 | 1,026,983 |
| International Modeling Projects | 62,276 | 0 | 62,276 |
| TOTAL | 2,787,586 | 1,152,569 | 3,940,155 |