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Cooperative Agreement

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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. In the fourth year, AIDSTECH focused on replicating, expanding, and scaling up those projects that were successful. The fifth year will be devoted to successful completion of all projects and synthesizing the AIDSTECH experience to disseminate lessons learned from five years of AIDS prevention programs. 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. AIDSTECH has developed extensive, multifaceted programs in 15 countries. More focused programs are underway in another 11 countries (see Table 1 below). Civil unrest has currently halted programs in Zaire; programs in Haiti are continuing at a restricted level and may be phased out if the current political situation remains unresolved.

Since the award of the Cooperative Agreement, AIDSTECH has supported 186 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

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

Fifty-nine projects and technical assistance programs have been completed. eighteen in the area of sexual transmission, twenty-two in blood transmission, eight in surveillance, five in health care finance, four to train health care providers in disease control procedures, one in the prevention of IVDU transmission, and one in modeling.

A total of 103 projects and activities are ongoing, and an additional 25 projects/activities are under development.

Table 2

AIDSTECH Projects and Activities by Region

	Africa	Latin America/ Caribbean	Asia/ Near East	Total
<u>Completed Projects/Activities</u>				
Sexual Transmission	4	5	9	18
IVDU Transmission	0	0	1	1
Blood Transmission	11	9	2	22
Surveillance	1	6	1	8
Health Care Financing	1	2	2	5
Training	3	1	0	4
Policy	1	0	0	1
Subtotal	21	23	15	59
<u>Ongoing Projects/Activities</u>				
Sexual Transmission	35	33	10	78
IVDU Transmission	0	0	1	1
Blood Transmission	5	4	0	9
Surveillance	2	2	0	4
Health Care Financing	0	4	0	4
Training	0	4	0	4
Policy	2	1	0	3
Subtotal	44	48	11	103
<u>Planned Projects/Activities</u>				
Sexual Transmission	9	5	1	15
Blood Transmission	1	0	0	1
Surveillance	1	0	0	1
Health Care Financing	1	1	0	2
Training	1	2	0	3
Policy	1	1	0	2
Subtotal	4	9	1	25
<u>Total Project Activities</u>				
Sexual Transmission	48	43	20	111
IVDU Transmission	0	0	2	2
Blood Transmission	17	13	2	32
Surveillance	4	8	1	13
Health Care Financing	2	7	2	11
Training	4	7	0	11
Modeling/Policy	4	2	0	6
Total	79	80	27	186

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, third, and fourth years, when 64%, 76%, and 77% were spent on the AIDSTECH 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 69% 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 6% 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 is not duplicating these efforts.

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

- identifying groups at high-risk for sexual transmission;
- developing AIDS education programs targeted to those groups and their sexual partners; and
- 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.

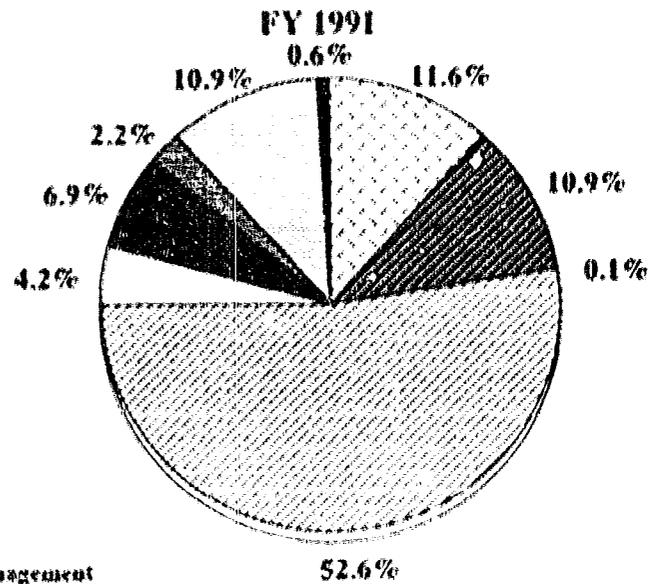
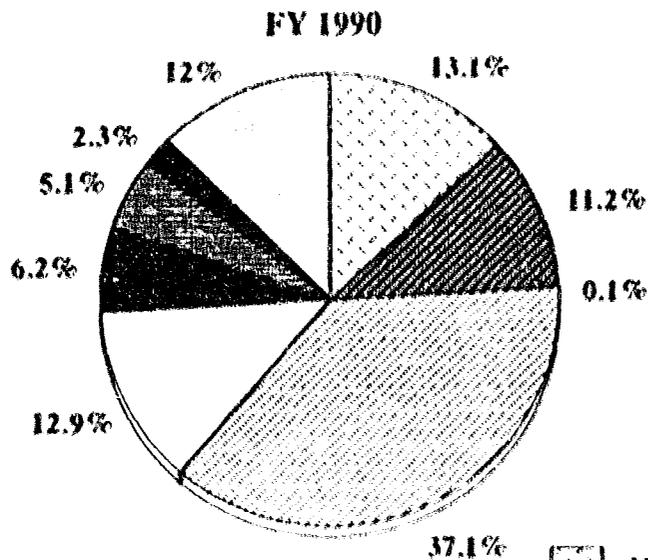
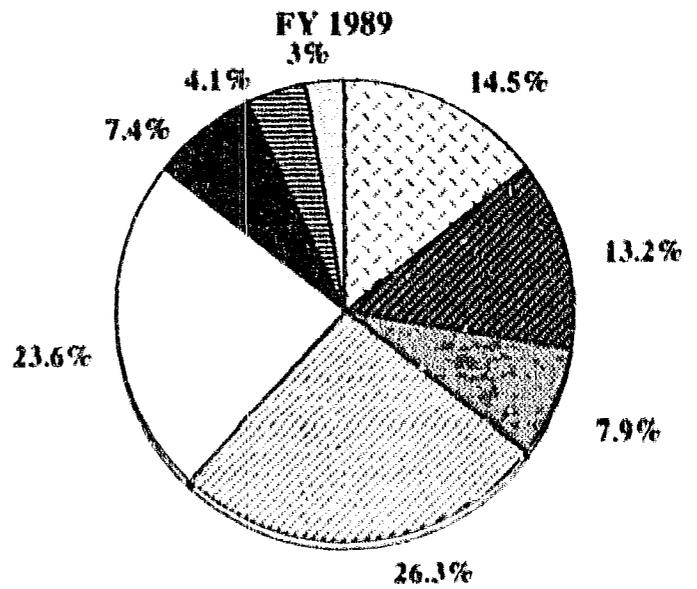
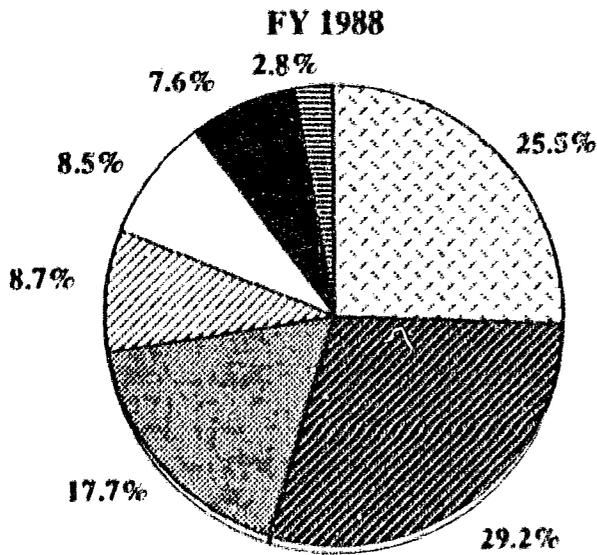
Some of the major lessons learned in the first four years are the importance of institutionalization of programs to assure their continuation, the necessity of expanding intervention programs to reach the partners of the targeted high-risk behavior groups, the importance of changing social norms, and 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:

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

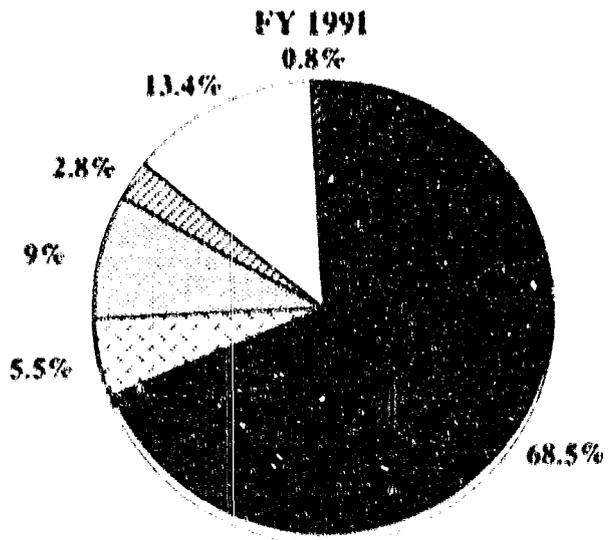
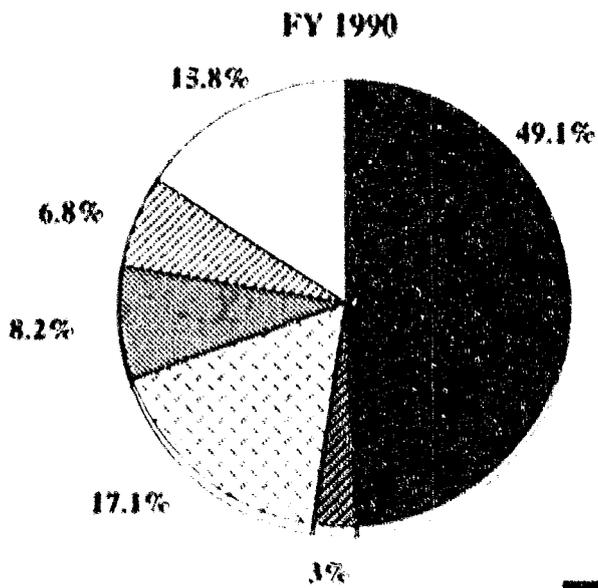
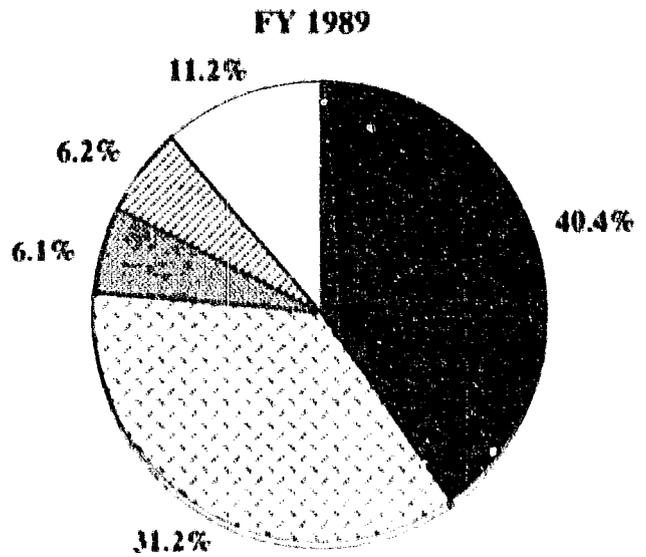
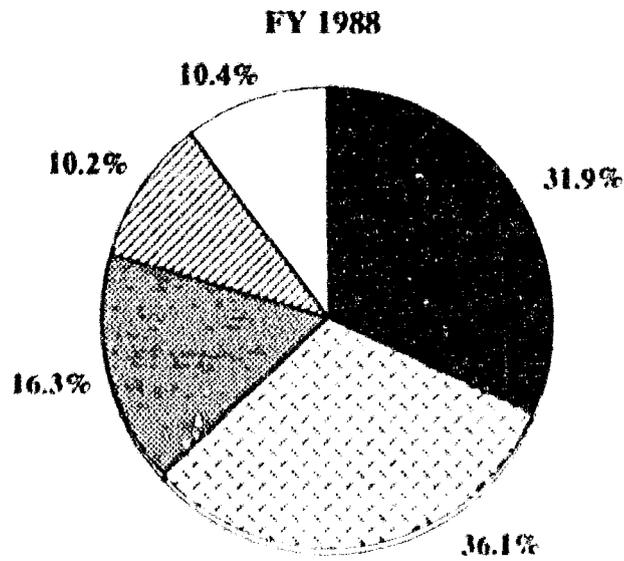
AIDSTECH's research has demonstrated that the HIVCHEK test is appropriate for use in district hospitals as a cost-effective alternative to conventional testing for HIV-1, that two simple, rapid tests can be used in sequence as an alternative to the costly, more complex ELISA-Western blot sequence, and 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 Total Program Expenditures



- Management
- Conferences/Information
- Needs Assessment
- Sexual Transmission
- Blood Transmission
- Surveillance/Modeling
- Health Care Finance
- Other Programs
- HIV Transmission

AIDSTECH Program Area Expenditures



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

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

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

- determining recurrent costs for AIDS intervention programs to develop the organizational structures and policies that lead to sustainable interventions;
- 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
- measuring the economic impact of AIDS.

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

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

- The operations research component focuses on answering key intervention program questions such as the short- and long-term impact of paying peer educators or providing free condoms versus charging for condoms, evaluating different condom distribution strategies, and evaluating the impact of intervention programs.
- The epidemiological research component focuses on evaluating the efficacy of spermicides and STD control in preventing HIV transmission.
- The Research Fellows Program provides training for United States researchers in developing countries while enhancing developing countries' skills and expertise in the field of behavioral research. Fellows have 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 and to work in Thailand to conduct a study on prostitute patronage by males in a high prevalence area.
- 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 were initiated in 1990. With additional support provided by the NIH and A.I.D., successful pilot projects have been 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 has been 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, helping trainers to acquire, enhance, or maintain skills rather than concentrating on knowledge transfer. Training activities encompass biotechnical training, management training, and information, education, and communications training.

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

Significant accomplishments during this reporting period include the following:

- Evaluated nine Behavioral Research Grants projects and conducted the first annual Behavioral Research Grants Program workshop.
- Placed additional Behavioral Research Fellows in Senegal and Thailand.
- Awarded four PVO grants.
- Provided support for four trainees to improve their AIDS epidemiology and prevention research skills.
- Supported participation of 39 developing country representatives to regional and international conferences on AIDS.
- Mailed three English and two French information packages to individuals and institutions in the developing world.
- Held two regional modeling workshops in Africa.
- Completed field testing of the AIM model in Uganda and Haiti.
- Reached about 400,000 people per month with AIDS Education programs.
- Published and disseminated a guide for laboratory personnel on HIV Testing and Quality Control.
- Completed filming in Cameroon and Zimbabwe for the educational trigger film "Faces of AIDS in Africa."
- Provided 129 weeks of technical assistance to 30 countries.

Based in part on the AIDSTECH project accomplishments, Family Health International was awarded a \$168 million cooperative agreement by the Agency for International Development to expand HIV prevention and control programs over the next five years.

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 four 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. During the past year, the funding authorization for the AIDSTECH Project was increased to \$40 million.

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 (NGOs), with other international public organizations, private foundations, and with AED's AIDSCOM Project. FHI's other AIDS and sexually transmitted disease (STD) research activities, barrier methods development and research, and information dissemination programs complement AIDSTECH activities.

B. GOALS AND OBJECTIVES

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

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

Activities are supported in the following areas:

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

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

C. PROGRAM AND INTERVENTION STRATEGIES

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

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

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

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

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

AIDSTECH's program strategy attempts to:

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

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

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

AIDSTECH has identified 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 four years to a multidisciplinary professional group of 56 individuals who bring technical skills in areas including epidemiology, operations research, training, information and education, program planning and management, health care financing, STDs, 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 60% of AIDSTECH's efforts are focused on the prevention of the sexual transmission of HIV. Accomplishments in this area include:

- Influencing Policy. AIDSTECH has educated policy-makers who were initially reluctant to approve intervention programs targeted toward high-risk groups. Policy changes have been accomplished through collaborative planning, technical assistance, sponsorship to conferences, and AIDS simulation modeling. 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.

- **Capacity Building.** AIDSTECH has focused on capacity building and institutional strengthening in its sexual transmission interventions, providing technical assistance in the areas of Information, Education and Communication (IEC), condom distribution, and STD diagnosis and treatment. In addition, AIDSTECH has upgraded STD clinics, provided needed equipment and supplies for selected programs, and trained project staff in materials development, counseling, and prevention education.
- **Program Implementation.** AIDSTECH has assisted with the design, implementation, and support of 96 sexual transmission interventions and activities since 1987. Another 15 are planned to begin within the next few months.
- **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.
- **Health Care Financing.** 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 10% of AIDSTECH's efforts are focused on the prevention of blood transmission of HIV. Accomplishments in this area include:

- **Capacity Building.** AIDSTECH has focused on capacity building and institutional strengthening by providing technical assistance to assess and plan HIV screening programs and by assisting in the development and maintenance of national quality assurance programs for HIV testing in 11 countries.
- **Strengthening Blood Screening Programs.** AIDSTECH has conducted 12 "train the trainer" workshops to train laboratory technicians in appropriate HIV testing techniques, laboratory safety, quality control, and laboratory management.
- **Applied Research.** AIDSTECH has supported applied research to identify and validate appropriate technology for HIV testing and to evaluate serum pooling as a cost-efficient alternative to single sample testing in countries with a low HIV prevalence.
- **Health Care Financing.** AIDSTECH has been developing a cost model which provides countries with a tool to use for planning for blood transfusion services. In addition, AIDSTECH is helping countries develop cost recovery programs for blood transfusion services, including HIV testing.

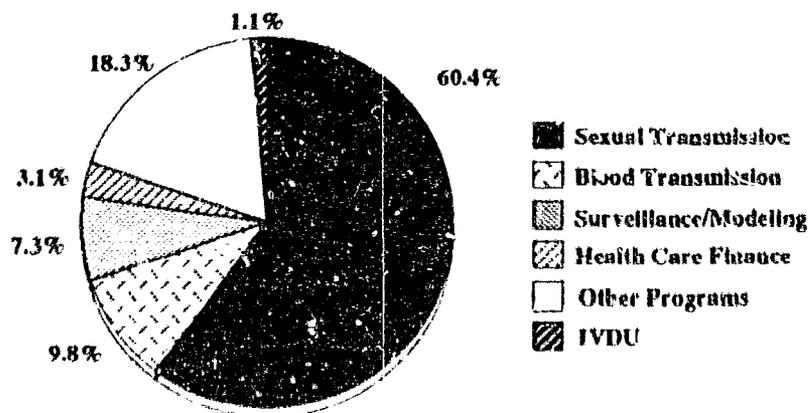
AIDSTECH has accomplished most of the activities planned in the last semi-annual report. Specifically, during this reporting period AIDSTECH has:

- Convened a meeting of Behavioral Research Grants program Principal Investigators, NIH, and AIDSTECH representatives in Florence, Italy, in conjunction with the VII International Conference on AIDS.
- Completed nine pilot projects under the Behavioral Research Grants Program.
- Sponsored 35 colleagues to the VII International Conference on AIDS in Florence, Italy and presented three papers and 20 posters from AIDSTECH-funded projects.
- Funded four grantees to attend the Training Program in AIDS Epidemiology and Prevention Research.
- Replicated successful intervention projects in Zimbabwe.
- Continued support of social marketing programs in Burkina Faso, Cameroon, and Zaire.
- Strengthened HIV/STD prevention efforts in Kenya, Tanzania, and St. Lucia.
- Initiated a project to evaluate the social marketing of STD drugs.
- Worked with CDC, AIDSCOM, and USAID to field test key program evaluation indicators in Jamaica.

II. AIDSTECH ACTIVITIES

During the past six months, AIDSTECH has focused on implementation of projects and has expanded and replicated successful programs. The following sections describe general strategies and summarize project progress.

AIDSTECH Obligations By Program Area



A. TECHNICAL ASSISTANCE AND INTERVENTION PROGRAMS

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

Obligations for sexual transmission prevention projects have accounted for 60% of program area obligations. Blood transmission projects account for 18% of program area obligations, with health care finance and surveillance/modeling at 3%-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.

1. PREVENTION OF SEXUAL TRANSMISSION OF HIV

General Strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Project Progress

AIDSTECH is sponsoring 78 ongoing projects and activities in the sexual transmission area in 31 countries: Botswana, Burkina Faso, Cameroon, Central African Republic, Ghana, Kenya, Mali, Niger, Nigeria, Tanzania, Uganda, Zaire, Zimbabwe, Bolivia, Brazil, Costa Rica, Chile, El Salvador, Guatemala, Mexico, the Dominican Republic, Haiti, Jamaica, Dominica, St. Lucia, Antigua, Trinidad, Morocco, Indonesia, Thailand, and the Philippines.

Fifteen additional projects are awaiting approvals or are under development in nine countries: Cameroon, Kenya, Tanzania, Zaire, Zimbabwe, Barbados, Dominican Republic, Ecuador, and Thailand. (See Table 2, page 2).

Over 17 million condoms have been distributed by AIDSTECH-assisted programs since 1989. About 400,000 persons are being reached each month with AIDS education provided by peer educators.

Lessons Learned

Since 1987, AIDSTECH has worked with 111 sexual transmission projects in 38 countries. The following are among the lessons learned:

- Intervention programs should be built into existing institutional structures as much as possible; peer education programs are probably more difficult to sustain than STD clinic programs.
- Face-to-face communication is a powerful means of effecting behavior change.
- On the whole, primary risk groups can be identified and targeted, are very receptive to targeted interventions, and will change risk behaviors.
- 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.
- 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.

- 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.
- Clients of prostitutes also need to be reached in order for a program to be successful.
- Prostitutes may not regard sex with their regular partners (especially boyfriends) as high-risk and often will not use condoms with them.
- Women's ability to negotiate safe sex can be enhanced through empowerment and through efforts to enlist the support of men in AIDS prevention programs.
- The biggest obstacle to the development of interventions for high-risk groups are policy makers and health care providers.
- Social support organizations and groups that are willing to be involved with the intervention do exist.
- Availability of and accessibility to condoms is often a major problem.
- Expansion and replication of sexual transmission projects require adjustments in management structure and logistics systems.
- Model national programs can be established and can serve as training sites for replication in other locations.
- Programs must change social norms to support low risk sexual behaviors.

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 10% of AIDS cases worldwide, this is the most efficient mode of transmission. The frequency of HIV infection through blood transfusions depends on the prevalence of HIV in the population, the number of transfusions performed, and measures existing for excluding the transfusion of contaminated blood. AIDSTECH's strategy for ensuring a safe blood supply includes:

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

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

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

- providing technical assistance to assess and plan HIV screening programs. Emphasis is placed on developing HIV testing networks which can easily support quality assurance and continuing education programs;
- assisting in the development and maintenance of national quality assurance programs for HIV testing, thus assuring accurate test results, as well as serving as an important evaluation tool following training and initiation of new techniques;
- training of laboratory technicians in HIV testing techniques, laboratory safety, quality control, and laboratory management. A "train the trainers" approach has been adopted to strengthen the capacity for continuing educational programs;

- applied research projects to identify and validate appropriate technology for HIV testing, such as evaluation of simple, rapid tests for HIV and evaluation of alternative and practical testing strategies;
- evaluating techniques such as serum pooling as a cost-effective alternative to single sample testing in countries with a low prevalence for HIV and a large volume of testing; and
- distributing technical information on HIV testing and blood transfusion practices to laboratory and blood bank managers as part of AIDSTECH's Information Dissemination program.

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

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

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

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

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

Project Progress

AIDSTECH is sponsoring nine blood transmission activities and projects in six countries: Cameroon, Kenya, Malawi, Bolivia, the Dominican Republic, and Ecuador.

AIDSTECH has edited and published 500 copies of a *Guide for Laboratory Personnel on HIV Testing and Quality Control* in English. Promotional materials have been printed and distributed worldwide, and the second printing has been ordered. Translation of the *Guide* into Spanish and French is in progress, and copies will soon be available.

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

AIDSTECH provided technical assistance in Uganda to evaluate and plan for expansion of HIV testing and its anonymous testing site.

A project is nearing completion in Malawi to study the attitudes of Malawians toward blood donation. The results of this study will improve blood donor recruitment programs.

As part of the Quality Assurance Program in Cameroon, a panel of anonymous sera were distributed to 44 labs to determine their proficiency in HIV Testing. 100% of these labs correctly identified all of the specimens. However, through validation testing it was determined that up to 7% of blood transfused was falsely reported as negative for antibodies to HIV.

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

Lessons Learned

Since 1987, AIDSTECH has completed 22 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:

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

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

4. INFORMATION, EDUCATION, COMMUNICATIONS, AND TRAINING

General Strategy

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

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

Providing Skills Training. AIDSTECH focuses on improving country/regional capacity in IEC programming through skills training in IEC design, implementation, and evaluation, design of appropriate evaluation strategies, identification of appropriate agencies and country/regional resources, and improving implementation and management of social marketing, health promotion, peer education, condom promotion, prevention counseling, and blood donor campaigns for AIDSTECH intervention projects. AIDSTECH IEC training is implemented in two distinct phases: Phase I, 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 the 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 has in the past 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 is providing training assistance in the following areas:

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

Project Progress

IEC assistance has been provided to projects in six countries (Cameroon, Ghana, Zimbabwe, Trinidad, Dominica, and Brazil) in the past six months. Training consultation has been provided to Kenya, Tanzania, Brazil, and the Eastern Caribbean.

Filming for the AIDSTECH-produced educational trigger film, "Faces of AIDS in Africa," has been completed in both Cameroon and Zimbabwe. The post production work, including editing, mixing, dubbing, etc., has begun.

Following completion of the English language condom instruction pamphlet, which was produced in collaboration with WHO/GPA and the Program for Appropriate Technology in Health (PATH), and its distribution to all AIDSTECH-supported projects, AIDSTECH has initiated production of the French version of the pamphlet. In addition, AIDSTECH has taken the lead in developing a condom instruction wall chart in both English and French.

In Trinidad, AIDSTECH is working with CAREC and staff from an STD clinic to develop and pretest educational materials and to evaluate the long-term program development needs of the intervention.

As part of the long-term assistance to the Ghana Armed Forces (GAF), AIDSTECH met with GAF staff to assess the progress of the educational campaign and to map out a workplan for the next year, which will include the holding of a Military AIDS Awareness Day. In addition, AIDSTECH worked with staff of the high-risk interventions to further develop a training and a peer education program.

In Cameroon, AIDSTECH has been working closely with the National AIDS Control Program (NACP) and the AIDS Counseling Center to develop a training program as part of a national AIDS prevention counseling system. A detailed workplan and a long-term strategy have been developed to put such a system in place.

AIDSTECH has been working with a range of non-governmental organizations (NGOs) in Brazil to develop detailed plans for the expansion of AIDSTECH-sponsored interventions in different regions of the country and to provide technical assistance in the area of program evaluation and development of educational materials.

Upcoming training activities include technical assistance in STD diagnosis and counseling in Kenya, expansion of peer educator training in Brazil, a regional quality assurance for laboratory supervisors workshop in Kenya, and a workshop for field assistants in Ghana.

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, a manual for training focus group moderators, and a training manual for trainers of peer educators.

Lessons Learned

Since 1988, AIDSTECH has worked on the IEC components for 15 projects in 11 countries and has conducted 16 workshops in nine countries. The following lessons have been learned:

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

5. 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 project 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 only 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 condom 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, Project Condom Plans were completed to improve project level condom logistics for AIDSTECH projects.

Technical assistance for condom planning was provided to sexual intervention projects in Zimbabwe and Nigeria.

AIDSTECH has developed 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 intervention programs on the evolution of the AIDS epidemic. The strategy for accomplishing this includes:

- HIV surveillance; and
- targeted STD surveillance.

HIV Surveillance. AIDSTECH has assisted in the study of low and high risk sentinel groups who are at risk of exposure to HIV, such as pregnant women (low risk), STD clinic attendees, persons with multiple sexual partners, and military personnel. Testing of 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 trends of HIV infection levels.

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 Haiti.

Over the past couple of years, it has become apparent that HIV seroprevalence levels in urban areas can rise rapidly and then stabilize. 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 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.

So far, Cameroon has 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 shows that the rate of HIV infection among STD patients has doubled between 1989 and 1990, however.

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:

- HIV sentinel surveillance data are most useful as an early warning sign, as an indicator of the general scope of the epidemic, and as a source of data for modeling the epidemic and projecting the future number of AIDS cases.
- HIV sentinel surveillance data are not very useful as an evaluation tool for intervention programs because of the insensitivity of the rates in the short term.
- Improving clinic-based and community-based STD surveillance methods is probably the best method for evaluating the impact of intervention programs.
- 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:

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

Evaluation Research. The evaluation of project impact and the determination of the most effective project components are essential to replicating, sustaining, and expanding intervention programs. AIDSTECH combines a wide variety of measures, both objective and self-reported by target populations, to assess the success of its various interventions. The objective measures can range from improvement in knowledge of AIDS and how it is transmitted to a change in 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 commercial sex workers (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:

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

The need for research on AIDS-related behavior 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 so that effective programs aimed at changing behaviors and sustaining those changes may be mounted. These fellowships provide an opportunity for the selected participants and their in-country counterparts to gain valuable field experience and to start their international health careers.

Each Fellow 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/AIDS-TECH 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 to explore the extent and nature of high-risk behaviors and ways to modify such behaviors. The research identifies barriers to and enhancements of behavior change and assesses how best to sustain behavior changes.

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

Research is conducted in two phases. Phase I was funded for one year and consisted 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 established working relationships with their developing country counterparts and, if necessary, modified or refined their research designs to ensure successful completion of the entire project.

Throughout Phases I and II, information is being shared among participants through annual workshops and a semi-annual Newsletter/Research Notes Series. The first annual workshop was held in Florence, Italy, and three additional workshops will be held in conjunction with the annual International Conferences on AIDS. The purpose of these meetings is 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.

As planned, a follow-up meeting that included WHO and PAHO representatives was held in May to discuss and finalize the "key indicators" proposed for use in following AIDS control programs. In addition to the six indicators previously chosen, a seventh was added at WHO's request: knowledge of behaviors to prevent HIV transmission. Plans were proposed for a field test of the new methodology. Since the meeting, AIDSTECH has worked with the CDC, AIDSCOM, and USAID to help prepare for the field test of survey methods to gather information on the key indicators in Jamaica.

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

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 made it advisable to discontinue project development in Kenya. On August 1, 1991, Dr. Ulin began work in Haiti on a behavioral research project entitled "Psychosocial Factors in Haitian Women's Perceived Ability to Participate in Prevention of HIV/AIDS." She is conducting this research with a Haitian, Ms. Elisabeth Metellus, under the auspices of the Institut Haitien de l'Enfance in Port-au-Prince.

In March 1991, the program selected Ms. Michelle Lewis, a Ph.D. candidate at American University, as its second Fellow. Ms. Lewis is working 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.

A third Fellow, Mr. Mark VanLandingham, began a six month project in Thailand in July 1991. He is conducting a study on prostitute patronage by males in a high HIV prevalence area. Researchers from Chiang Mai University and the Thai Red Cross are collaborating with Mr. VanLandingham on his project.

Review teams comprised of representatives from FHI/AIDSTECH, A.I.D., and NIH completed site visits to each of the nine Behavioral Research Grants Program projects. They evaluated research progress to date and made recommendations for design and data collection modifications prior to Phase II funding approval.

AIDSTECH conducted the first annual Behavioral Research Grants Program workshop, held in Florence, Italy, for two days in June. Principal Investigators (PIs), co-PIs, and research team members used this opportunity to discuss successful strategies in establishing collaborative research design and implementation procedures and to exchange ideas about common problems regarding research instrument design and data collection methods.

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:

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

Sustainability. As with other public health programs, 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 required recurrent costs to maintain interventions. Costing models are being developed so that host countries can forecast recurrent costs for alternative intervention scenarios. Discrete technical assistance in analyzing costs and developing plans for meeting recurrent costs supplement our work in developing methods for improved financial planning of AIDSTECH programs.

Cost-Effectiveness. The magnitude of resources needed to address the AIDS crisis and the competing demands for available resources require that prevention and treatment programs be as cost-effective as possible. Policy makers need quantitative indicators of cost-effectiveness on which to base their resource allocation decisions in order to be more successful in structuring these programs. Better understanding of cost-effectiveness can improve utilization of scarce resources. 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 portion 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: Malawi, Barbados, the Dominican Republic, Trinidad and Tobago, and the Philippines.

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. Recurrent cost analyses have been performed for high-risk sexual intervention projects in Antigua, the Dominican Republic, Trinidad, 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 also will 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.

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

Lessons Learned

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

- There is a great need for developing and institutionalizing routine cost data collection and analysis for AIDS programs. Few data are available on the costs of prevention interventions.
- 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 opportunities to release resources to prevention programs.
- Targeted health education and condom distribution programs appear to have an extremely high return on investment, despite the relatively long period of time before significant benefits can be realized. Analysis of data from an AIDSTECH study done in Mexico, the Dominican Republic, and Antigua shows that savings from primary and secondary infections averted are, on average, five to ten times higher than the costs.

B. OTHER ACTIVITIES

1. AIDS AWARENESS AND MATHEMATICAL MODELING

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

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

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

The Simple Projection Model. Based on an approach suggested by the World Health Organization's Global Programme on AIDS, AIDSTECH and The Futures Group have prepared a 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:

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

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

Project Progress

As planned, AIDSTECH held two modeling workshops in May in Africa, one anglophone workshop in Harare, Zimbabwe, and one francophone workshop in Yaoundé, Cameroon. Participants from 11 African countries gave a favorable evaluation of the workshops. All 22 participants said that they would apply what they had learned during the workshop in their countries and felt that they had acquired new epidemiologic insights regarding the dynamics of the epidemic and a better understanding of the demographic implications of the epidemic.

In July, AIDSTECH held a workshop in Durham, N.C. to help WHO set targets for AIDS control programs around the world. Modelers and consultants from several organizations attended to help determine the best approaches to modeling interventions. A preliminary report of the results has been prepared and is being sent to WHO. Details of the workshop were reported in *Science* (Culotta E. Research News: Forecasting the Global AIDS Epidemic. *Science*, 253, 852-4, 1991).

In brief, WHO specified targets in three areas: decreasing high risk sexual encounters; increasing condom use; and decreasing the classical sexually transmitted diseases (STDs). The preliminary report to WHO is based on work with two simulation models of the AIDS epidemic: the iwgAIDS model, prepared by a modeling team assembled by the U.S. State Department's Inter-Agency Working Group on Modeling of the AIDS epidemic (including work by a

modeler at the University of Illinois and with the participation of experts from the Bureau of the Census, Los Alamos National Laboratory and others); and SimulAIDS, initially prepared with support from USAID through Tulane University, the University of Kinshasa School of Public Health, and a modeler based at INSERM, Paris (INSERM is the French equivalent of the U.S. National Institutes of Health). It is expected that a third model, prepared by the World Bank, will contribute results for the final report, which is planned to be completed by the end of July 1992. A major task of the process is to arrive at similar inputs for the models. We can draw three tentative conclusions based on the work so far: (1) both models can simulate the epidemic reasonably well; (2) both models rank the interventions in the same order; and (3) both partner reduction strategies and increased condom use produce a considerable slowing of HIV transmission, but the maximum effect is achieved only when all three interventions are combined.

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 600 documents since the last reporting period and currently has over 4,600 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 has mailed three English and two French information packages to individuals and institutions in the developing world. (See Appendix 3).

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

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

- Manuel de Prévention du SIDA en Afrique, edited by Peter Lamptey, M.D., Dr. P.H. and Peter Piot, M.D., Ph.D. Published by Family Health International, RTP, NC, 1990.
- HIV Testing and Quality Control: A Guide for Laboratory Personnel, Niel T. Constantine, Ph.D., Johnny D. Callahan, B.S., M.T., and Douglas M. Watts, Ph.D., edited by Sheila Mitchell, B.S., Robert Gringle, M. ED. and Edwin Archbold, Ph.D. Published by AIDSTECH, Family Health International, RTP, NC, 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 was published in June 1991. A total of 6,000 issues in English were distributed through the AIDSTECH and FHI mailing lists. In addition 2,000 French and 5,000 Spanish editions were also distributed.

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. This technical mailing currently reaches 100 laboratory and blood specialists worldwide. The fifth mailing in the technical series was the recently published HIV Testing & Quality Control: A Guide for Laboratory Personnel. The sixth mailing will be sent out October 1, 1991.

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 provided funds to:

- Dr. Eka Williams of Nigeria to participate in an international workshop entitled "AIDS: A Question of Rights and Humanity," held in The Hague, May 20 - 25, 1991. The workshop addressed the public health challenges presented by the AIDS epidemic within the framework of human rights and moral philosophical principles, including the principle of humanitarianism, with a view to developing universally applicable guidelines for international and national AIDS programs and organizations working in AIDS prevention and care.
- Ms. Maria Jimenez-Diaz and Mr. Marco Antonio Palet-Sanchez, both from Mexico City, to participate in the First International Conference on the Biopsychosocial Aspects of HIV Infection, held in Amsterdam, the Netherlands, September 21 - 28, 1991. The conference and subsequent workshops provided a comprehensive forum in which to explore the psychological, psychiatric, psychosocial, and treatment approaches related to HIV infection. Mr. Palet-Sanchez presented a paper from his AIDSTECH-funded project entitled "Radio Broadcasting: A Vehicle for Group Interaction and Education about AIDS."

AIDSTECH sponsored 35 colleagues to the VII International Conference on AIDS, held in Florence, Italy, June 16 - 21, 1991. Three papers and twenty posters were presented from AIDSTECH-funded projects. AIDSTECH staffed a booth in the NGO area at the Conference, where AIDSTECH information packets in English, French, and Spanish were distributed. Copies of the recently published HIV Testing and Quality Control: A Guide for Laboratory Personnel and the Manuel de Prévention du SIDA en Afrique, both edited and published by FHI/AIDSTECH, were available as well.

AIDSTECH funded E. Cesar E. Mota-Lopez, President of Amigos Siempre Amigos, Dominican Republic, to participate in the Fifth World Conference for Seropositive People, held at the Royal College of Art in London, September 10 - 17, 1991.

AIDSTECH also provided US \$10,000 to the Society for Women and AIDS in Africa (SWAA) to fund its members from five African countries to attend the Third International Workshop on Women and AIDS in Africa, to be held in Yaounde, Cameroon. The theme of the workshop is "Women and AIDS: Barriers to Prevention and Control." AIDSTECH will also send a staff member as speaker and facilitator.

In preparation for the VI International Conference on AIDS in Africa, to be held in Dakar, Senegal, December 16 - 19, 1991, AIDSTECH has submitted 20 abstracts on behalf of AIDSTECH staff and colleagues in the field for presentation at the meeting. AIDSTECH will support 25 colleagues from Africa 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 four grantees to attend the Training Program in AIDS Epidemiology and Prevention Research as part of the CAPS (Center for AIDS Prevention Studies)-WHO Visiting Scholars Program at the University of California,

San Francisco, July 20 - September 29, 1991. The CAPS program began in 1989 in cooperation with WHO/GPA. Up to ten participants are selected to work with CAPS scientists in San Francisco each summer. During the ten-week program, each Visiting Scholar develops a protocol for a specific research project with relevance to AIDS prevention to be carried out in his own country.

The four grantees sponsored this year by AIDSTECH were: Dr. Tipawadee Amawattanan, Thailand; Dr. Gladys Baingana, Uganda; Dr. Pacharin Damronggittigule, Thailand; and Dr. Mari Rose Ablasca, the Philippines. The topic of their respective projects were : "A Longitudinal Study of AIDS Prevention Strategies among University Students in Thailand;" "Developing Appropriate AIDS Education Interventions for Female Sex Partners of Seropositive Men Admitted to the Mulago Medical Wards;" "An Intervention to Assist Housewives in Prevention of HIV Infection in Chiang-Mai, Thailand;" and "Development of AIDS Education Program for Male School Adolescents in the Philippines: Strategies for Intervention."

Dr. Rosemarie Santana, sponsored by AIDSTECH to a previous CAPS Fellowship, submitted the proposal she developed during the CAPS program to the Philippines' First International Conference for Resource Mobilization for the Country's National AIDS Prevention and Control Program (NAPCP), held in December 1990. Her proposal, entitled "The Development and Evaluation of AIDS Education Strategy for Health Care Workers in Private STD Clinics in the Philippines," was subsequently selected for funding by the Australian International Development Assistance Bureau.

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. Of the seventeen proposals reviewed, four received favorable recommendations, six applicants received suggestions for proposal modification and resubmission, six were placed on hold due to a lack of available funds, and one was rejected by the committee.

Successful proposals were submitted by the Instituto Dominicana de Desarrollo Integral, for an AIDS education training course in the Dominican Republic; Kibuye Mission Hospital, for an AIDS prevention project in Burundi; Population Services International (PSI), for a project to increase condom use among high risk groups in Cote d'Ivoire; and E.I.L. & JHU/HAPA, for an evaluation/lessons learned workshop for African NGOs in HIV/AIDS in Uganda.

Since the beginning of the Small Grants Program, a total of 37 proposals have been favorably reviewed by the Grants Program Review Committee. Nineteen projects are now being implemented with funding and technical assistance from AIDSTECH. Four others are currently in development, seven have been completed, and five projects have been terminated due to lack of mission support or by mutual agreement between the PVO and AIDSTECH.

III. REGIONAL PROGRAMS

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

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

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

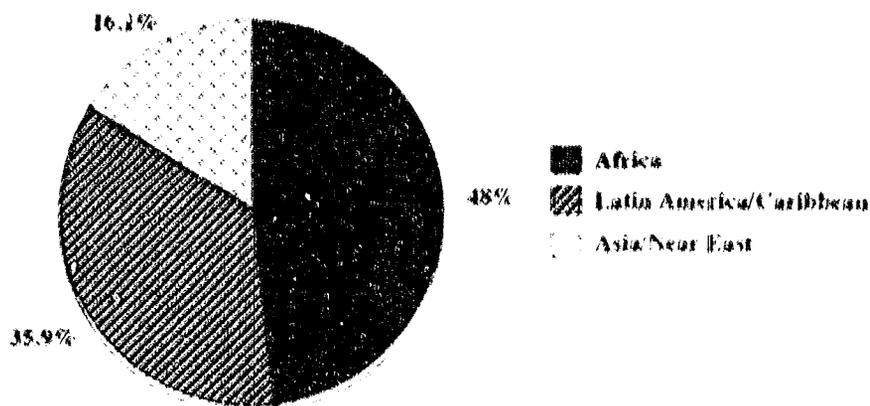
- prevalence of HIV and/or STD infection;
- potential for rapid spread of HIV infection;
- ability of existing health infrastructures or local organizations to implement sustainable programs;
- high potential for program impact;
- AIDSTECH contacts in country;
- willingness of national AIDS committees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

In each region, AIDSTECH has identified priority countries where major program efforts are underway. 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 below shows AIDSTECH field-related expenditures by region. About 48% of field-related program resources have been spent in Africa, 36% in Latin America/Caribbean, and 16% in Asia/Near East.

**AIDSTECH Expenditures by Region
1988-1991**



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.

A. AFRICA

Africa continues to be the continent most affected by the AIDS epidemic: WHO estimates that one in 40 sub-Saharan African adults are infected with HIV. Unfortunately, Africa is less able than other parts of the world to handle the demands placed on its limited health resources.

Fifty-two African nations have officially reported a combined total of over 92,000 AIDS cases as of June 1991, but this number represents between one-tenth to one-fifth of the actual number of cases believed to exist. WHO/GPA predicts that the continent will have the largest increase in absolute numbers of HIV infection through the next 20 years: left unchecked, HIV infection in Africa is projected to increase to 70 million by the year 2015. At present, the epidemic shows considerable variation by country, but the observed pattern of spread of HIV between regions and among countries in a region suggests that almost all sub-Saharan African countries will be seriously affected sooner or later.

The epidemic in Africa has the following characteristics:

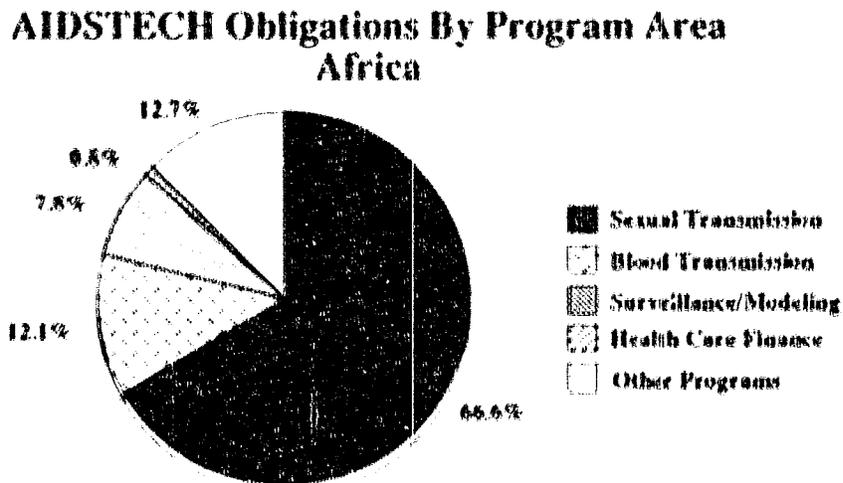
- Transmission is predominately by heterosexual contact, with rates of infection roughly equal for women and men.
- The very high STD rates in most African countries are undoubtedly accelerating the heterosexual spread of HIV infection there as compared to other parts of the world.
- The epidemic's greatest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

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

In the foreseeable future, the major concern for AIDSTECH in Africa will be to replicate and expand effective, sustainable programs that have begun to 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 (Burkina Faso, Cameroon, Ghana, Kenya, Tanzania, Zaire, and Zimbabwe) have major program efforts. 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 the country's Medium Term Plan. 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 67% for sexual transmission programs and 12% for blood transmission programs.



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 7% in 1991. Blood transmission expenditures were high in 1989 (43%), decreasing to 5% in 1991. Sexual transmission expenditures, 6% in 1988, increased to 33% in 1989, to 53% in 1990, and to 80% by 1991, showing the progression of project implementation in this program area.

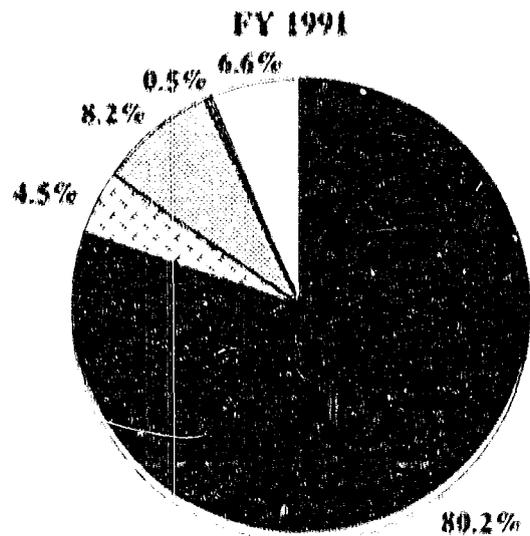
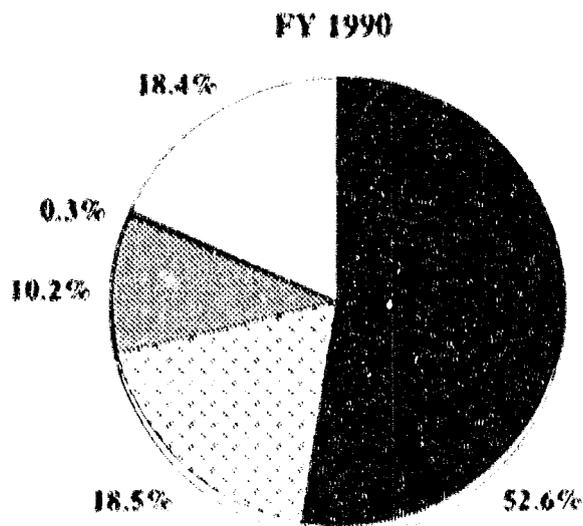
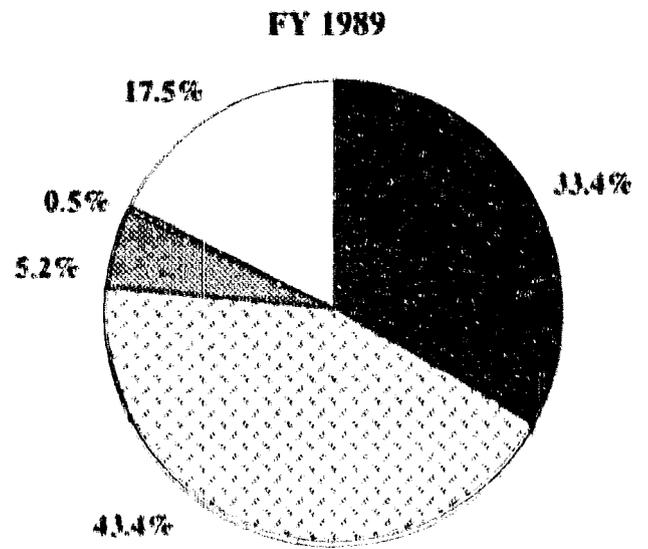
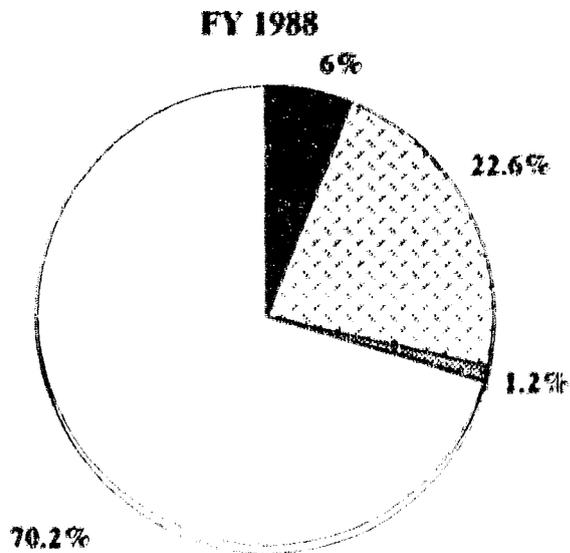
Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the 15 countries where AIDSTECH works are described in more detail below. Accomplishments in the last six months and plans for the next six months are given for ongoing projects and activities. Lessons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

AFRICA INTRA-REGIONAL

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 each to conduct the country analyses. The teams identified opportunities for and constraints to integrating child survival and AIDS prevention activities in West Africa.

AIDSTECH Africa Program Expenditures By Program Area



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

Accomplishments in last six months:

- Final review by USAID/Accra and REDSO/WCA was completed and approval for dissemination of final report and Ghana country report was obtained.

Plans for next six months:

- Disseminate the final report and the Ghana country report.

"Faces of AIDS in Africa" Video. AIDSTECH is working 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:

- Film shooting in Cameroon was completed.
- Cameroon film was processed, and editing was begun.
- Film shooting in Zimbabwe was completed.
- Zimbabwe film was processed, and editing was begun.
- Plans for launching and distribution of film were begun.

Plans for next six months:

- Finalize editing and production.
- Finalize plans for and begin distribution.
- Launch film with premier showing in Dakar, Senegal at the VI International Conference on AIDS in Africa.

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

Accomplishments in last six months:

- Two workshops were conducted.
- Modeling of interventions was begun, and a preliminary report to WHO was drafted.

Plans for next six months:

- Follow-up with participants to determine if they have used skills gained in workshops.
- Co-chair a round table at the VI International Conference on AIDS in Africa in Dakar, Senegal.
- Continue working on modeling of interventions, with a meeting planned with Modelers.
- Submit preliminary report to WHO.

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 is testing the effectiveness of a nurse-managed group peer education model for AIDS prevention among Botswana women. The project should have relevance for other developed and developing countries. Researchers are working with the Botswana Council of Women (BCW) to implement a pilot peer education program. Subsequent stages may focus on additional women's groups such as the YWCA, on government workplaces, and/or on Village Health Committees. Results from a community needs assessment conducted by the researchers have guided the development of culturally relevant educational materials and messages to be emphasized in the peer group sessions.

Accomplishments in last six months:

- Qualitative interviews were conducted, and preliminary analyses were completed.
- Pilot intervention was developed.
- Botswana Council of Women was identified as the major collaborator for the project.

Plans for next six months:

- Develop training plans and educational materials for the intervention.
- Finalize and administer pre-intervention questionnaire.
- Train peer group leaders and initiate peer groups.

The second stage of this project will be funded by the National Institute on Aging of the NIH.

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:

- Condom distribution continued; since project inception, over 180,000 condoms have been sold to groups at high risk through 33 peer educators and 28 dispensaries treating STD patients.
- Questionnaire and methodology for follow-up KAP survey were finalized.
- Workplan and budget for project expansion to Bobo Dioulasso and additional sectors of Ouagadougou were finalized.
- Approval from local authorities to begin project expansion in Bobo Dioulasso was obtained.
- Workplan for expansion to Goram-Goram was developed.

Plans for next six months:

- Complete KAP survey.
- Begin expansion activities in new sites.

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:

- Condom sales from commercial outlets increased to an average of 50,000 per month, resulting in the sale of over 1.2 million condoms since project initiation.
- Arrangements have been made whereby revenue from condom sales will be turned over to the national social marketing project to support future condom sale and promotional activities.

Plans for next six months:

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

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

Accomplishments in last six months:

- PSI country advisor was placed, and office was established.
- Project team was recruited.
- Vehicles and other necessary project equipment were procured.
- Implementation agreement with the Ministry of Health and Social Action was signed.
- Baseline survey of Ouagadougou residents was initiated.
- Condom sales were initiated, and over 170,000 condoms were sold in the first three weeks of implementation.

Plans for next six months:

- Continue implementation of market plan.
- Integrate pilot condom distribution into the national project.
- Analyze results of baseline survey.

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:

- Second round of screening for STDs in prenatal women was completed. Results of this and the previous survey gave the following preliminary results: among 288 antenatal women, the prevalence of gonorrhea was 1%, chlamydial infection 5%, trichomoniasis 17%, and a positive syphilis serology 2%.
- Second round of monitoring the etiologies and antibiotic sensitivities of STDs in men was completed. Of 83 men with urethral discharge on physical examination, 61% had gonorrhea, 6% had chlamydial infection, 10% had trichomoniasis, and, in 29% of cases, no etiology was found. Gonorrhea was associated with chlamydial infection in 4% and with trichomoniasis in 6% of gonorrhea cases. Of 81 cases of GUD, chancroid was suspected on clinical grounds and on the basis of a Gram stain in 31% of all GUD cases and in 46% of chancres. A positive syphilis serology was determined in 7% of GUD cases and 5% of all male STD patients.
- Second round of sentinel surveillance of HIV in male STD patients and prenatal women was completed. Among the male STD patients, 18% were HIV seropositive (68% HIV-1 alone, 21% HIV-1 and HIV-2, 11% HIV-2 alone). Among the prenatal women, 8% were HIV positive (62% HIV-1 alone, 23% HIV-1 and HIV-2, 15% HIV-2 alone).
- A follow-up cross-sectional survey of sexual behavior and STD history was conducted on 300 male workers and military men ages 20 to 35. Preliminary results are as follows: Nearly 80% reported having ever used a condom. About 65% claimed they used a condom the last time they had sex with a casual partner. 72% used a condom to prevent STD/HIV infection while 25% used it to prevent infection as well as pregnancy. 65% of men admitted to having had at least one episode of STD in their lifetime, 12% in the last six months and 24% in the last year. Within the last six months, 8% said they had urethritis and 5% GUD. Within the last year, these figures rose to 17% and 10%, respectively. Using the presence of a urethral discharge on physical examination or a positive leucocyte esterase dipstick test as evidence of urethritis, the PPV (positive predictive value) of a complaint of burning was 63% and of a discharge was 67%. Using the presence of an ulceration on physical examination as evidence of GUD, the PPV of a complaint of GUD was 83%.

Plans for next six months:

- Train lab technician to perform *H. ducreyi* cultures and sensitivity testing.
- Conduct therapeutic trials to compare the efficacy of thiamphenicol to ceftriaxone in the treatment of uncomplicated gonococcal urethritis in men.
- Conduct therapeutic trial comparing the efficacy of clotrimoxazole to erythromycin in the treatment of chancroid.
- Conduct prevalence and etiologic surveys of STDs in 200 prostitutes.
- Conduct an etiologic survey of vaginal discharge in 200 women
- Adapt WHO STD treatment algorithms to local situation (etiologic profiles, antibiotic resistance patterns and, availability and cost of antibiotics) with participation of the MOH, the local medical community, and perhaps WHO/Afro;
- Hold a workshop to implement and validate these algorithms in Bobo Dioulasso, if resources permit.

BURUNDI

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

Sentinel Surveillance. In collaboration with the epidemiologic coordinator of the National AIDS Control Program, a 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:

- First round of student testing was completed. Results show that overall student seroprevalence was approximately 1.5%. However, female students had a significantly greater level of HIV prevalence (4.4% compared to .6% in the male students).
- Testing of the second cohort of factory workers was completed, and analysis of results has begun.

Plans for next six months:

- Analyze factory worker cohort data from second worker cohort and first student cohort.
- Complete third round of testing on workers and second round on students.
- Compile and analyze the data and results from earlier testing.

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:

- Project documents were finalized.

Plans for next six months:

- Initiate project activities.
- Integrate project activities with those of Population Services International's condom social marketing project.

AIDS Prevention Condom Social Marketing. In collaboration with Population Services International, a distribution system was being developed to increase the availability and use of condoms. This project was cancelled due to the mission's decision to contract with the marketing organization (PSI) directly.

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 has been providing technical and commodities assistance and support to the NACS for a sentinel surveillance system for HIV and syphilis among pregnant women and STD patients in Yaoundé, Douala, Garoua, and Bertoua, and among tuberculosis patients in Yaoundé and Douala alone. Sentinel surveillance was initiated in Yaoundé in 1989, in Douala in 1990, and in Garoua and Bertoua in 1991. There are two other sentinel surveillance sites which are not part of the AIDSTECH project: Limbé and Bamenda.

Accomplishments in last six months:

- Project was completed; an extension is planned for a new project that will be identical to the present one but will shift the procurement responsibilities of test kits to the field.

Plans for next six months:

- Compile a report (in the field).
- Initiate the extension project.

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:

- 54 laboratories were inspected.
- 44 laboratories participated in proficiency testing.
- Data were analyzed.
- Questionnaires were revised.

Plans for next six months:

- Conduct workshop for evaluation and planning.
- Distribute reports.

Program for the Prevention of Sexual Transmission of HIV. The goal of this 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:

- Weekly AIDS/STD educational sessions were conducted at STD clinics by staff and CSWs.
- A second CSW dramatic troupe was formed in Yaoundé to perform AIDS prevention skits in Yaoundé.
- Weekly educational meetings with between 15 and 50 participants were conducted by CSWs.
- Condom sales continued; almost four million condoms have been sold through the PSI/USAID/AIDSTECH social marketing project with CSW salespersons accounting for approximately 20% of sales.
- Initial analyses of follow-up KAP surveys of CSW activities were begun.
- Workplan for the intervention and expansion of educational activities through September 1992 was developed.

Plans for next six months:

- Complete analyses of KAP surveys.
- Expand project activities to new sites.

Comparative Evaluation of Approaches to Condom Social Marketing. AIDSTECH will conduct an evaluation of two different approaches to condom social marketing in the Francophone Africa countries of Cameroon and Zaire. The Cameroon project operates through an existing national wholesaler; the Zaire project needed to create a condom distribution system. The implementation of the projects, the outlets utilized, the condom distribution patterns, the coverage of target populations, 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:

- Preliminary findings were presented as a poster at the VII International Conference on AIDS in Florence, Italy. The Zaire program, operating in a high prevalence country independent of any other targeted behavior intervention but in an environment with an active AIDS mass media campaign, has sold nearly eight million condoms in Kinshasa, a city of 2,653,558 people, in the past 12 months. The Cameroon program, in a low prevalence country and linked to a peer education/prostitute intervention project, has sold over two million condoms in Yaoundé, a city of 583,500 people, in the same period.
- Final data collection was conducted in both Zaire and Cameroon.

Plans for next six months:

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

Evaluation of Condom Social Marketing and Validation of QulSTD Index. AIDSTECH is collaborating with OCEAC (Organisation de Coordination Pour la Lutte Contre les Endemies en Afrique Centrale) in two surveys to help evaluate the condom social marketing program and provide baseline "client" data for the social marketing of STD treatments. The first survey will be conducted on 900 male workers at the Brewery of Cameroon and will help validate the QulSTD Index by checking it against past medical records. The second survey is a household cluster survey which will be conducted on 500 men. The survey instrument includes the key A.I.D. evaluation indicators developed by AIDSCOM, AIDSTECH, and CDC.

Accomplishments in last six months:

- The survey instrument was developed with OCEAC.

Plans for next six months:

- Initiate the surveys and analyze results.

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:

- Meetings with clients of trained counselors were held to monitor the extent and quality of services provided.
- The work sites of trained counselors were visited to monitor activities.
- A training manual for counselors was developed.
- Preparations for future workshops were begun.
- A workplan to promote integration of counseling activities into several major health services centers was developed.

Plans for next six months:

- Implement one or two regional workshops.
- Develop educational materials for counselors to use with clients.
- Provide technical assistance in training of trainers of counselors.

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, conducted 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 were conducted to determine the test sensitivity and specificity in a high-risk population in Cameroon.

Accomplishments in last six months:

- Product was not ready for field testing; further in-house testing and modifications were needed.

Plans for next six months:

- Continue in-house testing; ready product for field testing.

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:

- Two analyses, barrier efficacy against HIV infection and barrier efficacy against endocervical gonorrhea infection, were initiated.
- Plans for further analyses of condom and spermicide acceptability and comparison of retrospective and prospective reports of numbers of sexual partners were continued.
- Plans for other potential analyses of syphilis incidence and signs and symptoms of cervicitis were continued.
- Preparations for presentation at the October meeting of the International Society for STD Research (ISSTD) in Banff, Canada were begun.

Plans for next six months:

- Prepare for a second presentation which may be made at the VI International Conference on AIDS in Africa in Dakar, Senegal.
- 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, Yaoundé and Douala. The marketing component will be integrated with the current condom social marketing project.

Accomplishments in last six months:

- Proposals for the marketing effort and research component were drafted.
- The marketing proposal was approved, and preliminary activities were initiated.

Plans for next six months:

- Conduct the baseline behavioral and STD prevalence research.
- Select antibiotic products.
- Finalize and initiate the marketing plan.

Modeling of the AIDS Epidemic. The Africa Bureau provided funding for AIDSTECH to conduct modeling of the AIDS epidemic in Zaire. Due to civil unrest, permission was received to transfer the funds to Cameroon.

Accomplishments in last six months:

- Sub-regional workshop on modeling was held in Douala, Cameroon.

Plans for next six months:

- Begin modeling of Cameroon epidemic and the effect of interventions using SimulAIDS and/or iwAIDS.
- Estimate the benefit of AID and other donors' programs during the past several years.

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:

- All necessary approvals were obtained.
- Project activities were initiated.

Plans for next six months:

- Complete training of outreach workers.
- Begin community outreach visits.

GHANA

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

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

Accomplishments in last six months:

- Data analysis from focus group discussions was completed. Results of the focus groups were used in the development of educational materials for soldiers.
- Serum collection and storage for HIV and RPR testing was continued at project sites.
- Using ELISA, Innolia, and syphilis testing techniques, serum testing was continued.
- An overview of the GAF AIDS control program was presented at the VII International Conference on AIDS in Florence, Italy. The poster presentation provided a description of program components including: training of health officers, distribution of educational materials, condom promotion and distribution, and strengthening STD treatment services. The presentation outlined the data from the baseline KAP surveys and focus groups. The data presented included the following:
 - There is a high level of awareness of AIDS/HIV transmission, but many myths persist;
 - Soldiers perceive themselves at risk only when on operation out of the country;
 - Condoms are used selectively for casual partners: 9.3% report always using a condom, and 46.4% report never using a condom.
- AIDS/STD prevention information is provided on an ongoing basis to all garrisons during regular health forums. Games and quizzes concerning AIDS transmission are carried out during garrison social activities (afternoon jumps).
- AIDS messages and posters, key chains, T-shirts, and other educational materials were developed and pretested in collaboration with Apple Pie, a local marketing/advertising firm.
- All garrison mess officers were trained in condom sales and promotion techniques.
- Blood drawing and HIV/syphilis testing continued.

Plans for next six months:

- Initiate STD testing and counseling in the clinic.
- Begin condom distribution in all garrisons.

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

Accomplishments in last six months:

- Program strategies were further defined based on information obtained from focus groups and surveys, including strategies to reach men who are likely to be the clients of commercial sex workers. Project staff learned that it would be difficult to rely solely on educating men through outreach efforts at bars. It is difficult to talk with men at bars: it is noisy, and men are not very receptive to health education messages while at bars. It appears to be easier to reach men through the workplace. One workshop with lorry drivers has been held already, and several more are scheduled.
- Data collection and entry has been completed for the special evaluation of commercial sex workers involved in the 1987 pilot study. Preliminary frequencies show that some of the women have maintained their use of condoms.
- Several hundred commercial sex workers have been enrolled in the new program.
- Apple Pie, a local marketing/advertising firm, has begun to design some posters and brochures. A condom use chart has been developed specifically for this project.
- Local condom outlets maintained by the condom social marketing program are the source of condoms for the project.

Plans for next six months:

- Complete the follow-up evaluation of the pilot program.
- Complete training of peer educators and monitor their work.
- Coordinate efforts with other targeted intervention programs in Ghana.
- Implement STD component of intervention.

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 is 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 was held up by difficulties posed by the Kenya Ministry of Health in channeling project funds. A solution to this problem was found through a local NGO, the Aga Khan Health Service, which is receiving funds from AIDSTECH and distributing them accordingly.

Accomplishments in last six months:

- Aga Khan Health Service, a Nairobi-based NGO with an office in Mombasa, was identified as recipient of funds for the project.
- Subagreement was finalized and approved, and project was initiated.
- Local project staff were identified.
- Development of baseline KAP questionnaire, sampling, and data analysis plan was completed.
- Baseline KAP questionnaire was pre-tested.

Plans for next six months:

- Implement baseline KAP and initiate data analysis.
- Provide technical assistance to plan and design IEC program and peer education training program.
- Initiate IEC activities for target groups.
- Initiate training for staff of selected clinics and peer educators.

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:

- Workplan and budget for eight-month extension of project were finalized and approved.
- Training for eleven peer health educators at two truck stops continued.
- Focus group discussions were held in truck stops to pre-test focused AIDS prevention messages.
- More than 60,000 condoms were distributed by bar managers and peer educators.
- AIDS prevention car stickers were designed and submitted to the Kenya National AIDS Control Program for approval.
- Two cooperating trucking companies in Mombasa were identified, and implementation of AIDS education and condom distribution activities began.
- Comparative Process Evaluation of AMREF Truckers Projects in Kenya and Tanzania was conducted.

Plans for next six months:

- Finalize, present, and distribute comparative evaluation report.
- Continue dissemination of selected, focused messages on AIDS.
- Distribute car stickers and other selected materials for promotion of safer sex practices.
- Complete focus group discussions to monitor interventions.
- Complete project evaluation and final report.

Comparative Evaluation of Trucker Interventions. AIDSTECH conducted 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 were 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:

- Evaluation was conducted in both Kenya and Tanzania.
- Reports of qualitative evaluation were drafted. This evaluation showed that a dynamic field program seems to be related to the empowerment of the Peer Educators (PEs). The strength of the Tanzanian program stems largely from well-selected PEs who have assumed a great deal of initiative in their duties. They are well known by their peers and sought out for advice and support. The Kenyan program has a broader focus on the wider community. There is no perception by the PEs or the target population of a special program for truck drivers and commercial sex workers. Yet these groups have a complex subculture, and general public education campaigns are not likely to have much impact. Condoms are more visible and openly discussed in Tanzania than in Kenya. The Tanzanian PEs are more aggressive in the condom promotion activities and are more comfortable talking about condoms.

Plans for next six months:

- Combine qualitative and quantitative data into final analysis and report.

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:

- AIDS educational booklet for semi-literate adolescents was developed by the community and CMA CBDs, pre-tested, and finalized.
- Educational booklet was submitted for approval to the IEC sub-committee of the Kenya National AIDS Control Program.
- Abstract describing the community-based development process of the booklet was submitted to the VI International Conference on AIDS in Africa, Dakar, Senegal.
- Preparation for final evaluation of the project began.

Plans for next six months:

- Print and distribute booklet for semi-literate adolescent population.
- Complete evaluation of the project and write the final report.

Strengthening STD Services: Crescent Medical Aid Building on the relationship established during the CBD training project, AIDSTECH is lending assistance in (1) training CMA's physicians, nurses, laboratory technologists, and CBDs in the prevention and management of STDs and (2) upgrading laboratory facilities for STD diagnostics.

Accomplishments in last six months:

- Final approval for project was granted by the Kenya National AIDS Control Program, and project was initiated.
- Present CMA clinic and laboratory system was assessed.
- Planning of training for clinical staff and community workers was begun in collaboration with the University of Nairobi/University of Manitoba STD Prevention Program.

- Training designs were drafted.
- One-week STD prevention workshop for CMA CBDs was conducted.
- Ongoing training for clinical and laboratory staff began.

Plans for next six months:

- Continue CBD training; plan and implement follow-up workshop.
- Continue ongoing training and seminars for clinical and laboratory staff.

Assistance to Kenya Red Cross Society Counseling Training Program. Through the Small Grants Program, AIDS-TECH 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:

- Training of trainers course in pre- and post-counseling (HIV testing) was conducted for 20 staff of the National Public Health Laboratory Services.
- Production of video tape on counseling continued, initial cast was selected.
- Counseling manual was reviewed, and final revision began.

Plans for next six months:

- Produce video for training health care professionals in AIDS counseling.
- Complete revision of manual for training of trainers in AIDS counseling.

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

Accomplishments in last six months:

- Project approvals were obtained.

Plans for next six months:

- Initiate program.
- Design and implement first workshop for FLPS management, staff, and volunteers.
- Begin application of new AIDS education and condom promotion distribution in the community.

AIDS Prevention Workshops for Family Planning Promoters. 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:

- Project was evaluated.

Lessons Learned:

- Training is more effective when integrated into ongoing, comprehensive family planning programs than when it is provided in individual workshops.

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:

- Preliminary data analysis of the survey of secondary school students in Kenya was completed with the following results: The respondents ranged from age 10 to 25, with 75% between 15 and 18 years old. Over a third (36%) of the total reported having had sexual intercourse before their 18th birthday. Of these, 53% reported more than one sexual partner in the preceding 12 months, and 24% reported having had sex with a stranger.
- Knowledge of the condom as a contraceptive device was reported by 69% of the students, but less than half of the students reported that a condom could protect against STDs. Almost all (97%) had heard about AIDS and HIV infection. Knowledge of the modes of transmission was quite good; however, 13% felt AIDS was curable by KEMRON. Eleven percent reported they were likely to contract the infection, and 32.3% were not sure of their risk status.

Plans for next six months:

- Finalize a report of the results of the survey.

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:

- Workshop in quality monitoring was conducted.
- Laboratory inspection program was implemented.
- Proficiency testing program was implemented.

Plans for next six months:

- Collect and analyze data

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:

- Study was completed
- Final report was received.

Lessons Learned:

- This product is sensitive, specific, and practical for many laboratory settings.
- The test is simple and applicable to single and multiple testing situations.

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:

- Guidelines for donor selection and deferral were prepared.
- Guidelines for improving blood transfusion practices were prepared.
- Data were presented at the VI International Conference on AIDS in Florence, Italy.
- Results of this study can be summarized as follows:
 - Blood donor recruitment efforts in Nairobi should be strengthened and targeted toward increasing the number of females, married persons, young people (< 20 years old), and students or those gainfully employed.
 - Donors' self-reports of the following behaviors may be useful in deferring donors at high-risk for HIV: having had sex with someone who pays for or receives money for sex; having had genital ulcers during the past year; having been treated for gonorrhea during the past year; having had more than five injections during the past year.
 - Deferring donors at high risk not only decreases the risk of transfusing HIV infected blood but also reduces the cost of eliminating the cost of processing, testing, and then destroying the HIV+ units.

Plans for next six months:

- Write and distribute final report.

Development of AIDS Prevention Educational Materials for MCH and STD Clinics. This project will be a coordinated effort between Program for Appropriate Technology in Health (PATIH) and the Kenya Ministry of Health (MOH). MOH personnel, centrally and within selected districts, will be trained in the development, use, and evaluation of IEC materials. A package of IEC materials, comprised of a series of five posters with an accompanying audio cassette and flip chart, will be developed and used to implement an HIV/STD education and condom distribution project with clients of STD and MCH/FP clinics.

Accomplishments in last six months:

- Proposal was completed and approval process was begun.

Plans for next six months:

- Secure approvals and initiate project.
- Establish project advisory committee.
- Review and analyze previous relevant research.
- Develop, test, and revise research tools.
- Implement qualitative research training.
- Conduct research and preliminary data analysis.

Training and Community Education for AIDS Prevention in Five Districts. Through the Small Grants Program, AIDSTECH will provide funding to KANU Maendeleo Ya Wanawake (KANU MYWO) to integrate training and community education for AIDS prevention targeting women into their ongoing programs in five districts. KANU MYWO staff will collaborate with the District Health Management Teams (DHMT) in each district to plan and implement a system for condom logistics and distribution to complement the training and community education activities carried out by KANU MYWO staff and volunteers.

Accomplishments in last six months:

- Proposal was reviewed and revised
- Approval process was begun.

Plans for next six months:

- Complete approval process and initiate project.
- Meet with DHMT on the district level to finalize project condom supply system.
- Design and implement first series of AIDS Training of Trainers Workshops for KANU MYWO district staff.
- Implement training sessions for community volunteer educators.
- Monitor community volunteers' initiation of AIDS prevention activities.

Technical Assistance to the Kenya National AIDS Control Program for a Management Information System. AIDSTECH will subcontract with a local consulting firm, Braeburn Limited, to provide technical assistance to the AIDS Program Secretariat (APS) of the Kenya National AIDS Control Program (KNACP) in implementing a Management Information System (MIS) to centralize, organize, and provide easy access to data concerning AIDS prevention activities in the country. A Braeburn computer consultant will work with the APS on the development of the software, installation of the program, and training of APS staff.

Accomplishments in last six months:

- Approval process was begun.

Plans for next six months:

- Complete approval process and initiate technical assistance.
- Review current systems for collection and dissemination of information by APS.
- Develop and install software program.
- Train APS staff on use of software.

Technical Assistance to the Kenya National AIDS Control Program (KNACP) in Sentinel Surveillance. AIDSTECH will provide funding for technical assistance from Braeburn Limited to the KNACP to set up a coordinated, organized, computerized system for centrally collecting, storing, analyzing, and reporting sentinel surveillance data, data on blood donors, and AIDS cases.

Accomplishments in last six months:

- Approvals were obtained.

Plans for next six months:

- **Initiate technical assistance.**
- **Review current computerized data collection systems and identify problems.**
- **Organize and link current data bases on blood donors, AIDS cases, and sentinel surveillance.**
- **Review and revise, as needed, data collection instruments and reporting forms presently in use.**

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

MALAWI

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

Technical Assistance in Epidemiology. AIDSTECH 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:

- **Protocols for the three proposed pilot surveillance studies (STD sentinel surveillance among young adults, behavioral surveillance of adolescents, and a pilot sentinel survey of HIV prevalence in pregnant women) were finalized and submitted to the Malawi National Research Council and USAID.**
- **Tentative approval was received and minor modifications were made to the protocols.**
- **STD surveillance forms were pretested, and plans are being made (in coordination with the AIDSCOM school curriculum project) to conduct the school survey in early 1992.**

Plans for next six months:

- **Begin the rural antenatal survey before the end of the calendar year.**
- **Pre-test the school questionnaire and begin the STD sentinel surveillance system and the school survey.**

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:

- **Interviewers were trained.**
- **Survey was conducted.**
- **Focus groups were conducted.**

Plans for next six months:

- **Analyze data.**
- **Write and disseminate report.**

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

Accomplishments in last six months:

- A detailed workplan was finalized.
- Monitoring visits were performed in conjunction with NGO Blood Project.
- Opportunities for collaboration were discussed with VBC (Vector Biology and Control Project).

Plans for next six months:

- Initiate study and continue technical assistance.
- Provide technical assistance by a Staff Economist to plan for data analysis.
- Meet with VBC to further coordinate AIDS and malaria studies.

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:

- The improved evaluation component was initiated.
- The educational materials (posters and information brochures) continued to be distributed in bars, hotels, and brothels.
- Analysis of the KAP data of men was begun.
- KAP survey of women and STD testing were completed.
- Condom distribution is ongoing.
- Education and condom distribution in brothels is ongoing.
- Analysis of KAP data began.
- Peer educators were identified.
- Training for peer educators was designed.

Plans for next six months:

- Train peer educators.
- Hold workshops for bar/hotel owners.
- Expand condom distribution activities.
- Hold focus groups for men.
- Develop educational activities for men.
- Intensify and consolidate all education/condom promotion activities.

NIGER

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

Accomplishments in last six months:

- Focus groups were conducted and focus group results were presented to the MOH. The focus group results show that the men tend to be more informed about AIDS/STD transmission than the women. Knowledge of AIDS/HIV transmission is generally quite high, although many myths remain. Reported condom use with casual partners was higher among men than women. Men and women equally perceive little risk of becoming infected by the AIDS virus. Appropriate educational messages will be created from the focus group results.
- KAP surveys for men and women were completed and data were entered.
- Lab technicians were trained in diagnostic techniques.
- Peer education sessions are ongoing.
- Condom distribution and sales are ongoing.
- Counseling workshop for project staff was completed.
- STD exams and counseling are ongoing.
- Development of educational messages was begun.

Plans for next six months:

- Continue STD surveillance.
- Continue and expand peer education outreach and condom distribution.
- Analyze KAP data.
- Develop educational materials and messages.
- Conduct cost analysis of project and develop a plan for sustaining activities.

NIGERIA

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

Accomplishments in last six months:

- Educational activities and condom distribution in Calabar are ongoing; over 35,000 condoms are distributed to 1500 women and their clients each month, 270 persons have been examined for STDs, and 100 have received counseling.
- Technical assistance in condom supply and delivery systems was provided to the project.
- Pilot trial for social marketing of condoms was begun.
- Educational materials were produced and distributed. A four-scene play continued to be presented to target groups in two towns.
- The four-scene play was video-taped and will be shown to other groups.
- Plans for expanded program were completed.

Plans for next six months:

- Expand social marketing strategy and increase condom sales.
- Plan for project expansion to Ikom in Cross River State and 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 took advantage of the lessons learned during the Calabar project and prepared participants to initiate AIDS prevention and condom distribution activities in their home states. The workshop was organized in June 1991.

Accomplishments in last six months:

- Workshop was designed, delivered, and evaluated.
- A training manual was developed and used during the workshop and has been adapted for other workshops in other countries.
- Eight groups developed proposals for intervention projects in other Nigerian states.

Lessons Learned:

- Workshop participants reported that a workshop of this kind is useful in developing projects. All felt more confident about writing proposals and initiating activities in their states.
- Participants expressed the need for a follow-up workshop concerning project implementation and development of IEC materials.
- Six solid proposals were submitted to various sources for funding. Workshops of this nature can stimulate initiation of AIDS prevention activities and should continue.

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.

This project was revised to include a more extensive effort to improve STD services available to the project's target groups. AMREF, Muhimbili Medical Centre, and AIDSTECH are working 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 includes implementing a standardized treatment protocol and determining and monitoring the drug sensitivity and resistance patterns for various STDs.

Accomplishments in last six months:

- AIDS prevention activities continue at six truck stops, as well as Tanzania Breweries and Interfreight Trucking Company.
- Condom distribution continued; an estimated 2.5 million condoms have been distributed at six truck stops and two trucking companies during the project period.
- Tanzania Breweries have begun distribution of posters and condoms to bar owners through two of their road depots.
- Condom dispensers were installed at three additional truck stops.
- Poster was presented at the VII International Conference on AIDS in Florence, Italy.
- Questionnaire for follow-up KAP survey was developed and pre-tested.
- Ten interviewers were trained and a follow-up KAP survey was administered.
- Preliminary data analysis was begun.
- A Health Behavior Officer was recruited and hired as Coordinator for STD prevention activities.
- Equipment for upgrading four occupational health and trucking company clinics was ordered.

Plans for next six months:

- Develop plan for extension of education and condom promotion activities on truck routes.
- Continue training for peer health educators.
- Develop and pre-test Peer Health Educator Training Modules.
- Initiate training of clinical and laboratory staff in four selected occupational health and trucking company clinics to improve STD services.
- Upgrade four selected clinics.

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:

- Field personnel were trained.
- Field research was conducted, results were written up, and a workshop was conducted in Tanzania to disseminate results. The study demonstrated that the truck stop and its environment is ripe with opportunities for HIV transmission. The truck drivers and their female partners are highly mobile along the truck route and to other urban centers and their home villages. Condom use is variable according to type of partner. Most women feel that it is not appropriate to use condoms with long-term partners even when they suspect that their "bwana" has other partners. Condom use is more common with casual partners, although not without men refusing to use them and complaints of unpleasant side effects.
- Draft report was completed.

Plans for next six months:

- Document methodology employed in the study for dissemination to other collaborators and finalize report.

Comparative Evaluation of Trucker Interventions. AIDSTECH conducted 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 were 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:

- Evaluation was conducted in both Kenya and Tanzania.
- Reports of qualitative evaluation were drafted. This evaluation showed that a dynamic field program seems to be related to the empowerment of the Peer Educators (PEs). The strength of the Tanzanian program stems largely from well-selected PEs who have assumed a great deal of initiative in their duties. They are well known by their peers and sought out for advice and support. The Kenyan program has broader focus on the wider community. There is no perception by the PEs or the target population of a special program for truck drivers and commercial sex workers. Yet these groups have a complex subculture, and general public education campaigns are not likely to have much impact. Condoms are more visible and openly discussed in Tanzania than in Kenya. The Tanzanian PEs are more aggressive in the condom promotion activities and are more comfortable talking about condoms.

Plans for next six months:

- Combine qualitative and quantitative data into final analysis and report.

STD Education for Pharmacists. AIDSTECH is assisting Muhimbili Medical Center in Dar-es-Salaam to assess the knowledge of pharmacists and pharmacy workers concerning STDs and to better understand their roles in STD prevention and treatment. Using data collected during formative research, a pilot educational workshop will be conducted with pharmacists in Dar- es-Salaam.

Accomplishments in last six months:

- Proposal was developed and reviewed.

Plans for next six months:

- Obtain necessary approvals.
- Design baseline data collection instruments and collect data.

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 were 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:

- Planned training of locals to present the results of the model to other audiences was not accomplished because funding is being shifted from AIDSTECH to The Futures Group. The mission decided to shift the funding to The Futures Group via a USAID umbrella project with the E.I.L. in order to avoid double overhead charges.

Lessons Learned:

- Although President Museveni publicly announced that he had reconsidered his view of condoms two days after seeing the AIDS Impact Model (AIM) presentation, he later returned to making fairly negative statements about the use of condoms, particularly with regard to the practicality of their efficient distribution in sufficient quantities in rural areas. This concern is a valid one.
- In recent months, there has been considerable controversy about condom advertising, and some government restrictions have been placed on condom advertising in the public media. This controversy has led to wider knowledge about and use of condoms. The USAID-sponsored condom social marketing program is reportedly making good progress despite the ban on advertising.
- Modeling of the epidemic regarding a policy issue is not a "one-shot" affair; the establishment of local capacity is desirable in order to continue to be able to contribute to the debate on an important policy issue such as the condom issue in Uganda.

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 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 behavioral 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 "AIDS Risk Reduction Model" in explaining variation 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:

- Research instruments were revised and methodology was modified to respond to site visit team recommendations.
- Overall training plan for all training activities was established.
- Procedures manual was developed for all project personnel.
- Second site visit was conducted in September 1991 by the AIDSTECH/AID/NIH team.

Plans for next six months:

- Conduct and analyze data from 120 interview pretests.
- Initiate development of Stage II questionnaire (to be administered in Mbaramba).
- Conduct interviewer training.
- Begin interviews of Baganda respondents.

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:

- Condom sales continued; over 9.8 million condoms have been sold since the project began.
- Sales in non-traditional outlets (small stores, vendors, bars, and hotels) have risen to approximately 16% of total sales.
- Plans were finalized and implemented for four community-based surveys in Kinshasa, Goma, Matadi, and Kisangani to evaluate project activities.

Plans for next six months:

- Further activities have been suspended due to civil unrest.

Comparative Evaluation of Approaches to Condom Social Marketing. AIDSTECH will conduct an evaluation of two different approaches to condom social marketing in the Francophone Africa countries of Cameroon and Zaire. The Cameroon project operates through an existing national wholesaler; the Zaire project needed to create a condom distribution system. The implementation of the projects, the outlets utilized, the condom distribution patterns, the coverage of target populations, 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:

- Preliminary findings were presented as a poster at the VII International Conference on AIDS in Florence, Italy. The Zaire program, operating in a high prevalence country independent of any other targeted behavior intervention but in an environment with an active AIDS mass media campaign, has sold nearly eight million condoms in Kinshasa, a city of 2,653,558 people, in the past 12 months. The Cameroon program, in a low prevalence country and linked to a peer education/prostitute intervention project, has sold over two million condoms in Yaoundé, a city of 583,500 people, in the same period.
- Final data collection was conducted in both Zaire and Cameroon.

Plans for next six months:

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

HIY Screening Programs in Rural Hospitals of Zaire. AIDSTECH was developing a project with Projet Sante Rural (SANRU) to establish and evaluate a comprehensive and sustainable HIY testing system in 24 hospitals in rural Zaire. This project was designed to improve both the safety of the blood supply and the diagnostic capabilities of rural hospitals and will serve as a model for other countries. At the mission's request, this project was not implemented.

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, 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:

- Proposal was approved by FHI's Protection of Human Subjects Committee.

Plans for next six months:

- Further activity suspended due to civil unrest.

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:

- An expansion of the project was approved for expanding activities to additional target groups in Bulawayo.
- Educational outreach and condom distribution continued in bars, hotels, and women's residences.
- Prevention outreach to workplaces continued.
- In Phase One of Project:
 - an estimated 3,000 to 5,000 commercial sex workers (30-50% of the total estimated population of sex workers in Bulawayo) were reached.
 - 2700 meetings were held in "high-risk" sites (bars, hotels, brothels)
 - More than 53,000 educational contacts were made with females.
 - More than 236,000 educational contacts were made with males.
 - More than one million condoms were distributed.
- City Health Services and project staff collaborated with the Ministry of Education and Matabeleland AIDS Council (MAC) on the development of AIDS curriculum and basic training of 50 seventh-grade teachers in AIDS prevention.
- Recruitment of Project Coordinators for expanded youth and workplace programs began.
- Poster on the "Evaluation of a Community Based HIV Prevention Program Among Vulnerable Groups in Bulawayo" was presented at the VII International Conference on AIDS in Florence, Italy.

Plans for next six months:

- Select Project Coordinators for Workplace and Youth Program components.
- Establish a Bulawayo Community Task Force on AIDS.
- Continue development of collaborative relationship with MAC and the Ministry of Education.
- Collect additional qualitative baseline data for expanded target groups.
- Train Bulawayo Health Services clinical staff in STD diagnosis, treatment, and prevention counseling.
- Assist PHEs in development of an income-generating cooperative; finalize by-laws; continue training.
- Continue on-site training for implementation of AIDS prevention projects in Masvingo and Kariba.

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:

- Analysis of baseline data is ongoing.
- Branch coordinators for CFU's eight branches were selected.
- Branch coordinators received orientation to project and basic training workshop.
- Outreach by branch coordinators to Farmers' Associations and additional farms began.
- Technical assistance in condom promotion, distribution, and logistics was provided.

Plans for next six months:

- Assist AIDS Branch Coordinator in the development of individual workplans, including projection of condom needs in each branch.
- Continue to expand and consolidate program to additional farm sites.
- Strengthen condom supply system through Farmers Co-ops.
- Complete analysis of baseline data and prepare report.
- Procure additional 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:

- Final approvals were received, and the project was initiated.
- Project coordinator was identified and seconded from the Masvingo Health Department.

- Orientation training for project coordinator was provided on-site and in Bulawayo by the Bulawayo project coordinator.
- Initial and ongoing training for 35 vulnerable group peer health educators and 40 workplace peer educators began.
- More than 220,000 condoms were distributed in four months of project implementation.
- An estimated 77,000 males and 45,800 females were contacted at project meetings and educational events.
- Equipment and supplies were procured to strengthen the STD services project.
- A decrease in STDs has been noted over the last three months in the largest clinic in Masvingo.

Plans for next six months:

- Continue training for peer health educators.
- Develop AIDS prevention drama program.
- Initiate training of STD staff.
- Continue exchange with sister projects in Bulawayo and Masvingo
- Continue monitoring STD trends.

Community Based HIV Prevention Program in the Town, Lake Shore, and Rural Hinterland of Lake Kariba, Northern Zimbabwe. This project is the second replication of the Intervention with High Risk Groups in Bulawayo. The project is implemented by the Kariba District Hospital in conjunction with personnel from the Kariba Town Health Services and targets 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:

- Project was approved and initiated.
- Baseline ethnographic research was collected.
- 38 peer health educators were recruited.
- Orientation and training of peer educators began.
- Five senior peer health educators were identified to coordinate condom logistics and activities in each of the two major geographic suburbs, the fishing camps, and workplaces
- Educational activities and condom distribution are ongoing in the Kariba town communities; eighteen fishing camps have also been reached, including two distant ones.
- Drama groups were initiated among peer educators and in primary schools
- More than 200,000 condoms were distributed in the first four months of project.
- On-site training for Kariba project coordinator was provided by the Project Coordinator from the Bulawayo project.

Plans for next six months:

- Continue training of peer health educators.
- Strengthen programs in workplaces
- Continue support by project coordinator from Bulawayo project.

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:

- Feasibility study of 120 individuals from eight target groups was conducted.
- Ethnographic pilot study was conducted
- Elicitation interview for understanding and variety of response data was pretested.

Plans for next six months:

- Begin elicitation interviews with 180 individuals from eight target groups.
- Perform content analyses on interview data.
- Develop and pretest survey instrument using results from content analyses.

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 versus those 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:

- The study protocol was reviewed and revised.

Plans for next six months:

- Complete baseline data collection and analyze results
- Plan follow-up data collection
- Write final report.

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 38,000 AIDS cases as of June 1991, but reporting is generally incomplete.

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

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

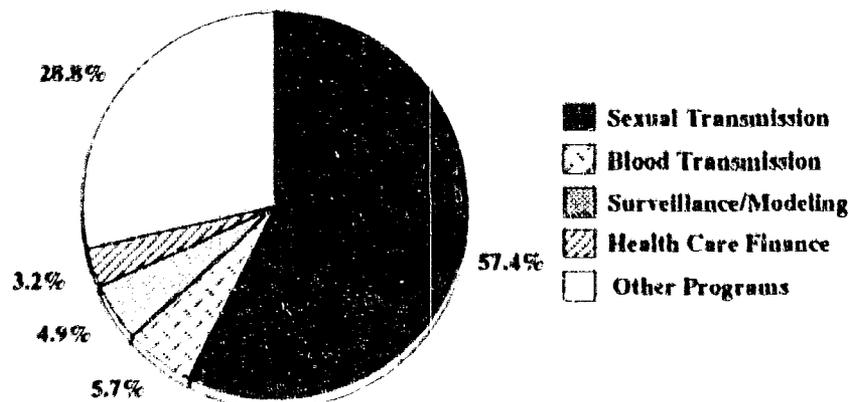
Because sexual transmission accounts for the vast majority of AIDS cases, it receives a proportional amount of emphasis in AIDSTECH's regional program. AIDSTECH recognizes the pivotal role men play as decision-makers, specifically with regard to numbers and types of sexual partners and use of condoms, 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 16 countries in the region; seven of these countries (Haiti, Dominican Republic, Antigua, Dominica, St. Lucia, Brazil, and Mexico) have major program efforts. 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 on the next page shows AIDSTECH obligations by program area for the Latin America/Caribbean region. Obligations include 57% for sexual transmission, 6% for blood transmission, 3% for health care finance, and 5% 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 27% by 1991. Sexual transmission expenditures rose from 13% in 1988 to 39% in 1989, 44% in 1990, and 60% in 1991.

Appendix 2 shows completed, ongoing, and planned activities by country for the region. Activities in the 16 countries where AIDSTECH works are described in more detail below.

LATIN AMERICA AND THE CARIBBEAN INTRA-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:

- A draft of the training curriculum was completed.

Plans for next six months:

- Meet with WHO/GPA and the World Bank to develop a plan for an LAC program for finance training on the cost of AIDS.
- Finalize the training curriculum and feasibility study, including an agenda for future training programs, jointly with WHO/GPA and the World Bank.
- Complete the annotated bibliography of the "Cost of AIDS" studies.

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:

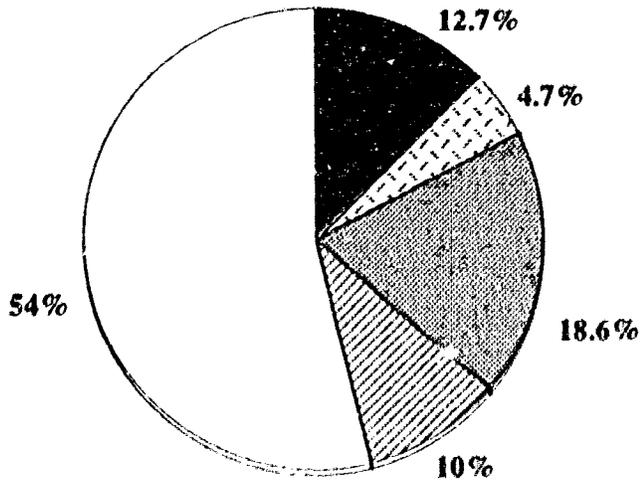
- Technical reports summarizing proceedings and recommendations were finalized.

Lessons Learned:

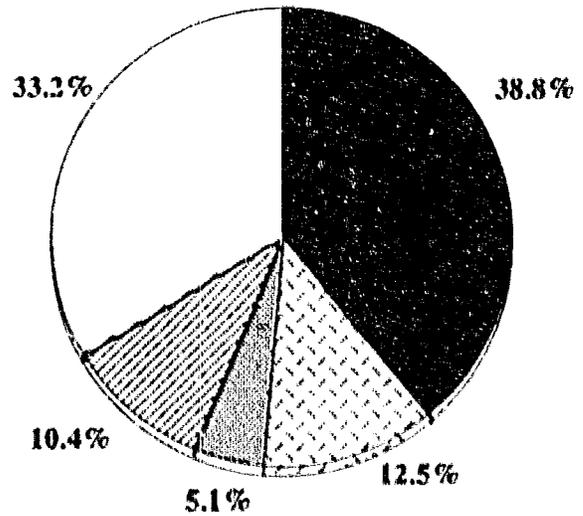
- Standardization of IFA techniques is critical before regional implementation.

AIDSTECH Latin America/Caribbean Program Expenditures By Program Area

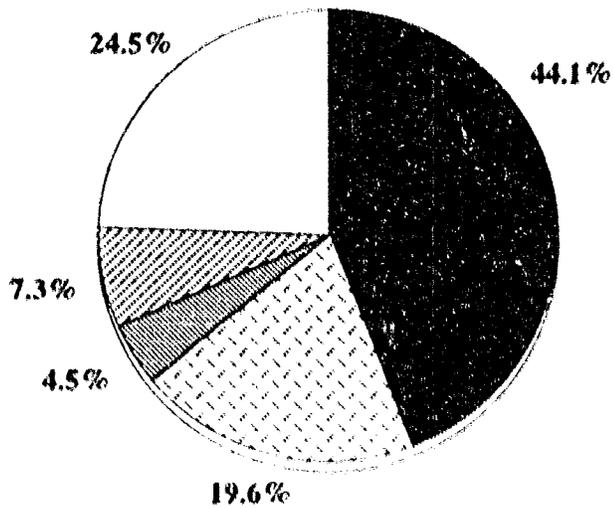
FY 1988



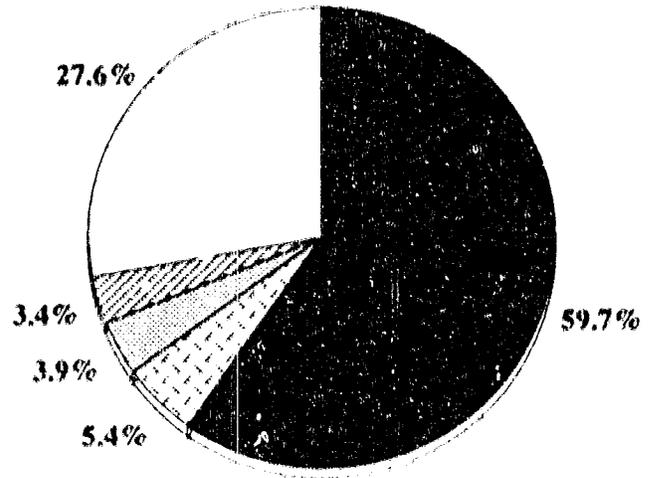
FY 1989



FY 1990



FY 1991



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

BOLIVIA

AIDSTECH has provided technical assistance to Bolivia in the areas of HIV/STD surveillance and control as well as training of laboratory technicians in HIV testing techniques, laboratory safety, quality control, and laboratory management.

STD/HIV Surveillance and Upgrading of 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. In June of 1990, AIDSTECH completed an in-depth assessment of the AIDS, HIV, and STD situation and training needs in La Paz, Santa Cruz, and Cochabamba. With the information generated from that report, the Mission requested technical assistance from the Centers for Disease Control (CDC) to make a site visit and outline plans for an HIV/STD control program. AIDSTECH worked with the Mission, AIDSCOM, and the CDC to write a project paper for a large-scale AIDS/STD prevention and control project in Bolivia. The CDC has placed an HIV/STD resident advisor in Bolivia who will oversee the implementation of this project and provide technical assistance as needed. AIDSTECH technical assistance in this area is now completed.

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.

Accomplishments in last six months:

- Further assistance was provided in the development of a National Network of Laboratories.

Plans for next six months:

- Conduct follow-up visit to evaluate outcome of training workshop.

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 fund-raising.

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. Training was also provided 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:

- Thirteen peer leaders in Fortaleza were trained in seroprevalence testing and training methodologies.
- 23,097 condoms were distributed in April and May with 70 establishments involved; 1588 men and 3236 women were contacted.

Plans for next six months:

- Write and submit final report.

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:

- Evaluation strategy was modified.
- A sampling of workshop participants were interviewed regarding their application of the skills addressed in the workshops.

Plans for next six months:

- Write and submit final report.

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

Accomplishments in last six months:

- Materials on AIDS for low literacy groups were developed and pretested.

Plans for next six months:

- Train groups in use of educational materials developed.
- Print materials.

CCH Training Project. The Centro de Controle e Investigacao Immunologica (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, secretaries, and technical staff.

Accomplishments in last six months:

- Research and computer workshops were held.

Plans for next six months:

- Write and submit final report.

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

CHILE

Through its Behavioral Research Grants Program, AIDSTECH funded the University of Pennsylvania, the Instituto de Medicina Reproductiva (ICMER), and Pontificia Universidad Catolica de Chile to conduct Phase I of 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 in patients of ten primary health care clinics in Santiago. A second instrument will be administered to high-risk patients and will elicit information about sexual behaviors and barriers to and motivations for behavioral change. A partner notification program will be initiated if it is found to be a feasible intervention for this target population. Interventions will be designed on the basis of the risk profile of clinic patients and will include individualized counseling, voluntary HIV testing, and skills training. The interventions will be evaluated in a randomized experiment to determine their effectiveness in reducing high-risk behaviors.

Accomplishments in last six months:

- A preliminary interview schedule for high-risk and HIV+ patients was drafted, pre-tested, and revised.
- A pilot study of HIV+ individuals to assess potential for contact tracing and partner notification was conducted.

Plans for next six months:

- Revise plans. Phase II of this project will be funded by the National Center for Nursing Research of the NIH.

COSTA RICA

AIDS Education for Adolescents. With funding from the PYO 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 were trained in the development of educational materials and participatory teaching methodology. The educational materials in the first community were distributed through similar channels in the second community, San Rafael, but peer educators were not utilized. The third community served as a control.

Accomplishments in last six months:

- The post-test was administered to all three communities.
- Pre- and post-test data were tabulated and analyzed.
- Cost-effectiveness study was begun.
- A pamphlet targeting adolescents and summarizing AIDS awareness topics was published.

Plans for next six months:

- Publish findings.
- Write the final report.

AIDS Hotline and Volunteer Training Project. With funds from the PVO Small Grants Program, AIDSTECH is collaborating with the Association to Fight AIDS and the Costa Rican Demographic Association to establish a hotline that targets gay and bisexual men to provide information, counseling, and medical and social service referrals and to train members of the gay community as peer educators in AIDS prevention skills.

Accomplishments in last six months:

- Proposal was approved.
- Training curriculum was developed.

Plans for next six months:

- Identify community leaders.
- Conduct trainings.

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 are a part of the intervention.

Accomplishments in last six months:

- 108 commercial sex establishments in Santo Domingo and 42 in Puerto Plata were involved in program activities.
- Five Peer Educator Supervisors and 67 Volunteer Peer Educators were active in Puerto Plata.
- Eleven Peer Educator Supervisors and 160 Volunteer Peer Educators were active in Santo Domingo.
- 61,250 condoms were distributed from April to June 1991.
- 636 STD Clinic visits and 1,089 commercial sex establishments visits were made in both neighborhoods.
- 6,480 copies of "Maritza," an educational comic book on condom negotiations, were presented and distributed by peer educators.
- The flip chart teaching aid on STD symptoms, prevention, and treatment was produced and is being utilized by peer health educators (PHEs).
- Extension/expansion plans and strategies for Santo Domingo and Puerto Plata were discussed and proposals were drafted.
- Dramatization of AIDS/STD prevention vignettes was created.

Plans for next six months:

- **Maintain condom distribution.**
- **Supervise field education, especially with comic book and flip charts.**
- **Finalize and administer follow-up KABP survey.**
- **Obtain follow-up STD prevalence data.**
- **Expand and extend project in and around Santo Domingo and Puerto Plata.**

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 fund-raising skills. The project also will establish and promote community based condom distribution.

Accomplishments in last six months:

- **Approval was obtained.**

Plans for next six months:

- **Contact local organizations/agencies.**
- **Initiate census of community organizations.**

Theater Group. The Fundación de 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:

- **Approvals were obtained.**
- **Planning and strategizing of theater presentations was completed.**
- **Collaboration with PLUS was established.**

Plans for next six months:

- **Design audience questionnaire.**
- **Hold theater presentations and audience discussions.**

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:

- **Specimens and data were collected.**
- **Current data were analyzed.**

Plans for next six months:

- Procure additional reagents.

Laboratory Technical Assistance. AIDSTECH continued 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. This project has been temporarily delayed due to changes in personnel at the Ministry of Health.

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:

- The model has been developed and revised using Quatro spreadsheet software and FORTRAN programming. The spreadsheet model includes mapping graphic capabilities to indicate where resources are most needed.
- Model using data from all blood banks and laboratories in the Dominican Republic was run.
- Model was presented to project staff to demonstrate how this model can be used to identify cost-effective blood transfusion policies.

Plans for next six months:

- Complete final version of the decision support model.
- Present model for review and revisions.

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:

- A second draft of the report was completed and distributed for comments.
- Final economic issues were resolved, comments were provided on the final report, and possible future policy options were reviewed.

Plans for next six months:

- Complete and disseminate the final report.
- Continue planning for the development of a national agenda in blood banking.

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

Accomplishments in last six months:

- Additional meetings were held with members of the tourist industry and a free trade zone to develop plans for encouraging greater investment in AIDS prevention.

Plans for next six months:

- Complete development of the project, obtain the necessary approvals, and initiate the project.

Opportunities for Cost Recovery in the Commercial Sex Market. This project was designed to 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 were to be assessed by addressing the trade-off between program compliance (i.e., condom use) and cost recovery. The project has been delayed indefinitely due to lack of funds.

Popular Education and Community Self-Sufficiency in AIDS in the Squatter Settlements of La Zurza and Herrera, Santo Domingo. AIDSTECH is funding the Instituto Dominicano de Desarrollo Integral (IDDI) to establish a sustainable AIDS education program in the two squatter settlements in which community health workers will be trained and collaboration with community based organizations will be established.

Accomplishments in last six months:

- Proposal was drafted.

Plans for next six months:

- Obtain approvals.
- Initiate activities.

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

Accomplishments in last six months:

- Tito Coleman continued to serve as Resident Coordinator for AIDSTECH-supported projects in the Dominican Republic.
- Logistic support (vehicles and condom warehouse) was provided to programs.
- Participation of the new Director of PROCETS, Dr. Joaquín Pérez Méndez, in the XXIII National Medical Congress in Managua, Nicaragua was supported.
- Participation of Irene López (PLUS) and Ana Jiménez (COIN) in the 1st Regional Conference for NGOs Working in AIDS Prevention in the Caribbean (held in Trinidad) was supported.
- Trainers and educational materials on AIDS and STDs were provided in collaboration with the eight part UNFA health promoter training program for Bateye (cane field) workers.
- Participation of César Emilio Mota López, President of Amigos Siempre Amigos, in the 2nd Annual WHO Conference for HIV positive persons in London was supported.

Plans for next six months:

- Continue support for the Resident Coordinator, vehicle management, and rental space to warehouse 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:

- Through STD clinics, brothels, and bars, 297 educational materials in English and Spanish were distributed.
- Seventy individual education programs were conducted by outreach workers, and 44 educational sessions were held with groups.
- 12,800 condoms were distributed from April through June in clinics, brothels, and bars.
- Fifty-two tests for HIV were performed.
- Two people were trained by AIDSTECH consultants from the Dominican Republic to provide educators with effective messages for Spanish-speaking high-risk groups in Antigua.
- Recurrent cost analysis was performed at project site for outreach component and condom distribution via the STD clinic.

Plans for next six months:

- Prepare final cost analysis report.
- Prepare final project report.

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:

- An ethnographic study was initiated for commercial sex workers.
- A LogFrame was designed and a work plan was developed for the project.

Plans for next six months:

- Conduct HIV and STD testing at STD clinics.
- Initiate behavior teaching study.
- Train STD clinic staff in delivering a comprehensive STD diagnosis, treatment, and prevention protocol.
- Develop and test educational materials to be standardized and used at all three polyclinics.
- Strengthen condom distribution at all three polyclinics.

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:

- STD patient population was identified for the program.
- A prisoner high-risk group population was identified for the program.
- Officers and prisoners were educated.
- The KAP study for prisoners was finished and analyzed by CAREC. The study showed that even though HIV/AIDS was considered to be the most serious health problem in the country and most know that there is no cure available, over half of those interviewed were doing nothing to prevent themselves from getting the AIDS virus. Many were aware that they could become infected by sharing needles, having anal intercourse, and having sex with many partners, prostitutes, homosexuals, or people who were infected with the virus. Over 40% of the prisoners had their first sexual experience between the ages of 13 and 15. Half of the men had never used condoms, and of those who had, condom breakage was the main problem. Additionally, nearly all the inmates interviewed responded that they would not use condoms if they were made available in the prison.
- Three hundred migrant farm workers were identified and a program was initiated for them.

Plans for next six months:

- Assess functioning of prison programs
- Assess STD clinic operation and needs.
- Develop, test, and print pamphlets
- Test educational materials with focus groups
- Develop slide presentation for STD clinic.
- Conduct monthly monitoring visits to facilitate progress of the project.
- Conduct migrant worker pre-KAP survey in October, prior to the workers' departure.
- Continue KAP survey in clinic.
- Continue HIV testing for all three groups.
- Continue education program and condom distribution for all three groups.
- Identify, recruit, and train peer educators for all three groups.
- Process and analyze KAP survey data for the migrant workers
- Perform recurrent cost analysis at project site
- Conduct refresher training for STD clinic staff.

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:

- Draft educational materials were developed for STD clinic patients and commercial sex workers.
- Focus groups were conducted to pre-test materials and ideas.
- A needs assessment was conducted by an AIDSTECH IEC consultant in social centers where commercial sex workers congregate and work.
- A project monitoring visit was made, and meetings were held with the project director, nurses, and outreach workers; next steps were planned.
- Five bar managers who are willing to use materials and provide feedback were identified.
- 150 pre-KAP surveys were completed.
- The KAP survey was revised and will be used as an ongoing tool for evaluation of specific intervention components.
- 303 persons were tested for HIV and treated for STD infections (syphilis, genital ulcers, and/or herpes) at the STD clinics from April to June. Among those tested, there was a 17% seroprevalence rate.
- 147,000 condoms were distributed at the STD clinics.
- Two cost assessments were implemented for the condom distribution and health education components at the STD clinic.

Plans for next six months:

- Finalize educational materials for STD clinic patients and commercial sex workers.
- Set up guidelines for focus groups for CSWs.
- Conduct further focus groups to pre-test next materials.
- Print educational materials.
- Initiate educational program.
- Develop slide shows for STD clinic.
- Provide refresher training for clinic staff and outreach workers.
- Review condom distribution/logistics.
- Implement revised KAP survey
- Monitor CAREC's collection, analysis, and evaluation of data.
- Plan expanded program.
- Coordinate cost assessment of outreach component with CAREC
- Complete final cost assessment report.
- Monitor outreach sites.
- Report findings of 150 pre-KAP surveys.

Intervention with High Risk Behavior Groups, Dominica. After discussions with the Ministry of Health and CAREC, it was determined that AIDSTECH could provide more effective interventions through short-term technical assistance projects.

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

Accomplishments in last six months:

- Training was provided to CAREC's Technical Program Specialist in Epi-Info, a survey analysis software program.
- The final report of frequency distributions has been made available from St. Lucia emphasizing the following points: knowledge of AIDS/HIV is high, but condom use does not necessarily reflect that; perceived risk of AIDS varies, but condom use does not necessarily reflect that.

Plans for next six months:

- Administer the KAP survey to targeted groups within the population in Dominica.
- Continue to offer technical assistance to this effort.
- 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 to educate STD patients about AIDS.

Accomplishments in last six months:

- Intervention project which will standardize the STD services in three polyclinics in Barbados was initiated.
- Five day training program targeting 24 nurse practitioners in Dominica in the area of "AIDS Prevention Counseling and Condom Promotion" was completed.

Plans for next six months:

- Assist with training of public health clinic staff, private physicians, and pharmacists in STD diagnosis and treatment and use of simple treatment algorithms in St. Lucia and Dominica.

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 the development of treatment protocols.

Accomplishments in last six months:

- Discussions identified two studies for funding
 - a follow-up study for chlamydia prevalence and diagnosis, and
 - a pilot survey of tuberculin sensitivity among secondary school children in Port-of-Spain, Trinidad. This second study is important because the Ministry of Health is considering re-instating BCG vaccinations in Trinidad.

Plans for next six months:

- Complete draft protocols for the two proposed 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 life-style approach, including condom display cases and stickers that create a recognizable symbol indicating "condoms sold here;" by working with the Caribbean Family Planning Affiliation (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:

- Educational materials were developed with assistance from participants at STD Clinics in Dominica.
- The content of educational materials was finalized through an on-site visit in Dominica.
- The "Condom Lifestyle" promotional campaign was evaluated; a dramatic increase (83.15%) occurred in average monthly condom sales across sites following campaign implementation in all Community Based Distribution outlets.

Plans for next six months:

- Provide one week training in Dominica for health care workers and social service personnel.
- Conduct field evaluation.
- Provide refresher training for health care workers and social service personnel.
- Assess effectiveness of the "Condom Lifestyle" campaign.
- Gather information on condom logistics needs.
- Conduct condom logistic skills training for Community Based Distribution Center operators (boutique/bar owners).

Technical Assistance. AIDSTECH is providing technical assistance to improve organizational capacity in the development and administration of AIDS intervention programs and in the area of behavior research.

Accomplishments in last six months:

- A plan for technical assistance was developed and approved by CAREC.

Plans for next six months:

- Train CAREC staff in four areas: Super Project Manager (a project tracking system), rapid survey assessment, LogFrame (a program planning tool), and the development of Management Information System Program (MIS)
- Hire a behavioral scientist for a nine-month period to provide technical assistance in the planning, implementation and evaluation of a behavioral/social research program under the ACTS Project
- Integrate research results into the design of behavior change communications programs, and improve the technical capacity of CAREC to carry out a behavioral research program.

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:

- Draft report was completed.
- Data on blood transfusion practices within Trinidad were reviewed by a group of medical doctors.
- Progress was monitored and draft report was finalized.

Plans for next six months:

- Produce a blood safety document with recommendations concerning the appropriate use of blood and blood products.
- 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:

- 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.
- 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.
- Findings from the study were presented to the Ministry of Health and USAID/Barbados.

Plans for next six months:

- Work with the MOH and the National Cancer Institute to design a hospice and identify sources of financing.
- 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:

- Mini-workshop on Modeling of the Caribbean AIDS Epidemic was held in North Carolina with attendance by the consultant who is proposed to work half-time at CAREC.

Plans for next six months:

- Obtain final approvals.
- 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:

- Four teleconferences for health care workers were conducted on the following topics:
 - Sexuality among Caribbean school children;
 - Fear of HIV disease among Caribbean health care workers;
 - Counseling on measuring effectiveness and utilizing referral networks; and
 - Reaching hard-to-reach subpopulations with HIV/AIDS information and counselling.
- Evaluation meetings were conducted with Barbados workshop participants.

Plans for next six months:

- Compile summaries of next teleconferences.
- Complete final report.

ECUADOR

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

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:

- A technical assistance visit was provided to finalize proposal.

Plans for next six months:

- Obtain approvals
- 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.

Accomplishments in last six months:

- Proposal of National Quality Assurance was developed

Plans for next six months

- Initiate QA Program

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:

- Poster was presented at the VII International Conference on AIDS in Florence, Italy.

Lessons Learned:

- Sensitivity and specificity were not sacrificed by pooling three sera for HIV testing.
- Pooling resulted in considerable reduction of work time.
- Pooling resulted in significant monetary savings.

EL SALVADOR

AIDSTECH is providing assistance through the Salvadoran Demographic Association (ADS) for training of STD clinic personnel to improve staff capabilities in diagnosis, counseling, community, education and outreach.

Laboratory Technical Assistance. AIDSTECH provided 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 also assessed the needs and strengthening laboratories to diagnose STDs.

Accomplishments in last six months:

- Proposal of National Quality Assurance Program for HIV Testing was finalized.

Lessons Learned:

- Laboratory technical assistance is essential and appropriate in improving blood programs on a national level.

Establishment of an STD Clinic. AIDSTECH is providing support through the PVO Small Grants Program to the Salvadorean 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:

- The community outreach was initiated.
- Condoms are being distributed at bars, clubs, and guest houses, all of which are sites for high-risk behavior.
- Educational materials have been developed by the IEC Division of the ADS for the clinic and outreach program.

Plans for next six months:

- Continue work with existing programs to strengthen community outreach, condom distribution, and production of IEC materials.

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:

- Technical assistance in STD management, STD reporting systems, and clinic operations was provided.

Plans for next six months:

- Conduct on-site visit to the clinic in El Salvador to assess current status of program.
- Provide technical assistance as needed.

GUATEMALA

STD/HIV Technical Assistance. AIDSTECH is providing technical assistance to the Asociación Pro-Bienestar de la Familia (APROFAM) to reduce transmission of HIV and other STDs by improving STD/HIV services at APROFAM prenatal, family planning, STD, and adolescent clinics in Guatemala City. 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:

- Needs assessment of the APROFAM clinic's laboratory services for STD/HIV screening and testing was conducted.
- Workshop was conducted to train selected APROFAM laboratory technicians in STD/HIV diagnostics and to establish HIV confirmatory testing services at APROFAM.

Plans for next six months:

- Conduct on-site visit to assess status of existing program and offer technical assistance as needed.
- Assist in developing a laboratory operations manual for APROFAM.
- Develop and implement KAP surveys to investigate sexual behavior and knowledge of STDs among adolescents, pregnant women, and family planning and STD clinic patients to aid in the development of IEC materials and strategies for those groups.
- Develop and implement STD prevalence and etiologic surveys of STDs within the different clinic populations.

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. Political unrest in Haiti has restricted project activities.

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 Haitien 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:

- A full-time doctor began working with the AIDS program in April.
- The peer educators have shown a five-fold increase in the number of condoms distributed per month in Port-au-Prince (from 20,000 per month in April 1990 to 100,000 per month in May 1991). These condoms are given to anyone in the neighborhood who wants them, not only to prostitutes.

- The new technique of using a "story-board" and doll figures for health workers to explain the spread of STDs and HIV infection has been very successful. The workers are able to explain the story in their own cultural context with proverbs and sayings that are meaningful for their audience.

Plans for next six months:

- Expand AIDS prevention activities for women with multiple partners and their partners to Saint Marc, and continue them in Port-au-Prince, Gonaives, and Cap Haitian.
- Provide technical assistance in establishing several STD clinics for women with multiple partners.
- Conduct community education sessions in areas where prostitution is common.
- Add a condom social marketing component.

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:

- The STD clinic has been integrated with primary health care activities.
- The "fee for service" policy was reviewed, and, as a result, the payment procedures were changed. STD clinic attendees will now pay half the regular fee for their first visit and no fee for follow-up visits.
- Regular educational activities are being conducted.

Plans for next six months:

- Hire a local Program Officer to oversee project activities.
- Develop management strategies to maintain motivation of AIDS outreach workers.
- Develop appropriate sexuality education and AIDS prevention materials for adolescents and high-risk adults.
- Conduct refresher training for community health workers and outreach workers.
- Develop new subagreement integrating STD diagnosis and treatment, counseling, condom social marketing, and educational services.
- Undertake follow-up of STD/HIV+ patients and their partners.
- Introduce condom social marketing, especially in areas where condom promotion has been successful.

AIDS Prevention Program for Female Factory Workers. This PVO project was canceled at the implementing agency's request. The organization has received other sources of funds for AIDS work.

STD Services. An STD clinic has been 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:

- The STD clinic has been integrated with the primary health clinic.
- STD and HIV testing and counseling programs are being conducted. The prevalence of HIV infection was shown to be 42.2% at the CDS STD clinics and 44.6% at the TB clinics.
- The average attendance at the Gonaives STD clinic was 28 patients per month, with the predominant STDs being syphilis and other STDs which manifest discharge from the urethra or the vagina.
- HIV and STD education was coordinated.
- Condom promotion and distribution programs were coordinated.

Plans for next six months:

- Change pricing structure to improve clinic attendance for STDs.
- Provide technical assistance in training doctors and local technicians in STD diagnosis and treatment.
- Establish standardized protocols for treating STDs.

Sentinel Surveillance and Counseling. A proposal has been developed with Comell-GHESKIO to strengthen their capacity to do HIV testing and to counsel HIV positive people and their partners. 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 will provide training and resources for counseling activities.

Accomplishments in last six months:

- Final approvals were obtained.
- Project personnel were hired.
- A KAP study for HIV positive clients and their partners was developed and pretested.
- Testing for seroprevalence was initiated in two sites.
- Two AIDSTECH consultants conducted a training session for social workers on counseling HIV positive persons and their partners.
- Educational activities and condom distribution to HIV positive persons and their partners was initiated.
- The KAP survey was initiated.
- Counseling activities have been coordinated with other health service delivery agencies.

Plans for next six months:

- Provide assistance for follow-up training in counseling HIV patients.
- Develop appropriate educational materials for HIV positive clinic attendees and their partners.

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 (AIM).

Accomplishments in last six months:

- A mini-workshop on modeling of the Caribbean AIDS epidemic was held in North Carolina, with attendance by two officials of the Haitian National AIDS Control Program. HIV testing and counseling programs are being conducted.
- An AIM presentation based on scenarios was developed using the AIDSTECH spreadsheet model and the DemProj model.
- The AIM model's application to Haiti was finalized.

Plans for next six months:

- Give informal presentations of AIM model to government and non-government officials to get feedback on presentation.
- Monitor preparation of a written summary of the presentation by Danielle Laborde, who will write the summary in collaboration with Haitian counterparts Eric Gaillard and Philippe Larco.

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:

- The project office was moved to the center of the industrial area.
- The project was favorably evaluated by USAID.
- 956 person-hours were utilized in new and refresher training for peer educators.
- Sixteen new peer educators were trained, for a current total of 125 active peer educators.
- There were successful "Sensitization Days" for the Boy Scouts and town of Petit-Goâve and for the town of Cap-Haitien.
- 56,100 condoms have been distributed (free of charge) in the last six months, making a total of 316,100 since the project began.
- 74 visits have been made to the factories.
- IEC materials were produced and distributed, including 6,347 pamphlets, 1,144 posters, 5 cassettes, 764 fans, 781 T-shirts, and 32 badges and key chains.
- 15,066 persons were contacted during AIDS education activities.

Plans for next six months:

- Initiate the condom social marketing program.
- Use the computer model to demonstrate the impact of AIDS to the private sector.
- Include more factories in the project.
- Hire more training staff to work within the project.
- Hire more peer educators in each factory.
- Develop a more detailed record keeping system.

Condom Distribution. In order to distribute condoms effectively, AIDSTECH provided 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 included proper inventory management, standardized supply procedures and methods for preventing loss of condoms and ensuring good inventory conservation. The monitoring of the condom storage component of this activity has been subsumed by the Condom Social Marketing Program.

Accomplishments in last six months:

- Regular supplies of condoms were provided to eight NGO/PVOs involved in AIDS prevention, with IBESR being the highest condom consumer.
- About 1,544,500 condoms were supplied from March to December 1991, and demand is increasing.

Lessons Learned:

- Proper storage of latex condoms in a temperature controlled environment has enabled the intervention projects to receive a high quality product in adequate quantities for their needs.

Condom Social Marketing. Promotion and distribution of condoms is an important means of protection against sexually transmitted diseases and AIDS. As part of the National AIDS Control Program and part of the Aba SIDA, a five-year USAID funded project, AIDSTECH is supporting condom social marketing that will provide an economically sustainable means to achieving long-term Public Health goals. It is anticipated that increased advertising, promotion, and selling of condoms at a subsidized rate will help stimulate demand and increase sales.

Accomplishments in last six months:

- Necessary approvals were obtained.
- Market research activities were initiated.
- Project Manager was selected and trained.

Plans for next six months:

- Develop management information system.
- Train NGO personnel.
- Finalize market research.
- Manufacture high quality condoms.
- Develop, produce, and place promotional materials such as billboards, posters, radio and television spots, and point-of-purchase materials.
- Distribute and sell 500,000 condoms at a subsidized price.

IEC Materials - Video Documentaries. Over the last six months, one Video in Haitian Creole "Viv ak SIDA" ("Living with AIDS") was produced, and another, "Femmes et SIDA" ("Women and AIDS"), which emphasizes awareness of AIDS, was initiated. The objective of "Living with AIDS" is to educate the general population in Haiti about the realities of living with AIDS in an effort to destigmatize the disease and promote the importance of compassion and caring.

The video uses a humanistic approach rather than a scientific one to reveal two people's lives affected by AIDS as they discuss their hopes and fears. One person is a well-known Haitian artist, Jean-René Jérôme, and the other is a 27-year-old woman who was infected with the HIV virus during her first sexual experience. Although both have had different life experiences, they re-affirm the need for acceptance by their families and the community.

Accomplishments in last six months:

- The video was produced and aired on television for the first time on the day that Jean-René Jérôme died of AIDS.
- Numerous associations have requested the video; to date a total of 141 tapes have been distributed.

Lessons Learned:

- The video had a great impact on the sympathies of the Haitian public due to its personal approach and the courage of the AIDS patients to let the public witness their suffering.
- Since the airing of the video, a group has formed to develop a structure for caring of AIDS patients.

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:

- A new AIDSTECH office was located in a better section of Port-au-Prince, and contract personnel were hired to assist the Resident Coordinator. A Financial Officer, Pierre Yves Millet, was hired to provide financial management of the AIDSTECH office and financial management oversight and technical assistance to sub-grantees. An NGO Specialist, Matthew Frey, was also hired to develop, initiate, and monitor the Condom Social Marketing project with NGOs in Haiti and to assist in monitoring other AIDS prevention activities.
- AIDSTECH funded a study of the Christian Organizations' response to AIDS. Organizations contacted were the Seventh Day Adventist, Baptist, Episcopal, and Methodist Churches, Jehovah's Witnesses, and a Catholic Missionary Society (Missionary of Christ the King). Recommendations from the study included a national meeting to channel their efforts, training for pastors in counseling their parishioners, and encouraging the churches in their psycho-social counseling efforts and in disseminating correct information about AIDS to eliminate the irrational fear of AIDS in the community.
- The Union of Seventh Day Adventists in Haiti undertook a program to sensitize 110 pastors and educators in the two missions in the north and south of the country over a three month period. Five workshops of two days each took place, three of them in Port-au-Prince and two in Cap-Haïtien.

Plans for next six months:

- Support a counseling program for families of HIV positive people.
- Conduct World AIDS Day activities.
- Conduct a meeting of religious groups interested in working with AIDS.

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 behaviors. Research will be conducted in Cite Soleil, an urban slum area of Port-au-Prince, and in a peri-urban low income population in a

northern town. The project will elicit (1) indigenous views of the types of sexual relations that occur in the population and (2) views on 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.

Accomplishments in last six months:

- Ethnographic map of Cite Soleil was developed.
- Discussion guide for focus groups was finalized.
- Site visit was conducted by team from A.I.D., NIH, and AIDSTECH.

Plans for next six months:

- Conduct focus groups and perform qualitative analysis.
- Collect focused life histories from 28 males and females in Cite Soleil.
- Begin to conduct neighborhood quota interviews.
- Identify and interview key informants.

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. Sexual decision-making is embedded in sociocultural factors which shape the expression of human sexuality. The research examines psychosocial and sociocultural factors related to sexual decision making among Jamaicans that can influence their risk of becoming infected with HIV. This research will help to identify new areas of focus for intervention strategies aimed at decreasing the incidence and prevalence of AIDS and other STDs.

Accomplishments in last six months:

- Questionnaire was revised.
- Advisory Committee of Jamaican and U.S. investigators and collaborators was established.
- Curriculum and procedures manual for training of interviewers were developed.

Plans for next six months:

- Finalize training manual, in-depth interview format, and interviewer training session.
- Begin data collection and coding.
- Hold training workshop and health seminar for interviewers.

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:

- STD/HIV education was continued in the original project zone by 76 volunteer health promoters and four volunteer coordinators.
- Approximately 7,000 condoms were distributed per month in both neighborhoods.
- 43 establishments, including bars, dance-halls, and motels, were involved in project activities.
- A total of 140 women have been recruited and trained as volunteer health promoters in both neighborhoods.
- An additional staff person was hired to target men who have sex with men.
- Coordinators are currently attending a nurse's aide training course co-sponsored by FEMAP to complement PHE training and to increase income generating opportunities.
- Technical assistance was provided by Ellen Weiss of ICRW, Laurie Fox, and Enrique Schwartz.
- KABP data on non-bar based CSWs were analyzed.
- Focus groups were conducted and baseline surveys were administered to 100 clients and 200 men who have sex with men.
- Educational strategies were developed for reaching non-bar based women, clients, and men who have sex with men.

Plans for next six months.

- Maintain project for an additional year to strengthen work with non-bar based women and redefine strategies of reaching men who have sex with men and of reaching clients through CSW peer educators.
- Extend project for nine months to assess impact of condom sales (for cost recovery) on actual condom use among target populations.

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:

- Training of pharmacy workers was finalized and implemented.
- Eleven focus groups were conducted with housewives, market salespersons, maids, university students, homosexuals, and adolescents to evaluate drawings, messages, and designs of condom educational and promotional materials. Thirty pharmacists were also interviewed.
- Training manual was developed and pre-tested with pharmacy owners and employees.
- Calendar of courses for pharmacy workers was developed.

Plans for next six months:

- Produce and distribute point of purchase (POP) materials.
- Finalize and distribute condom marketing materials to project pharmacies according to systemized marketing plan.
- Continue training of pharmacy workers.
- Establish system for monitoring appropriate condom sales.
- Extend project for evaluation process.

Women and AIDS. AIDSTECH, through its PVO Small Grants Program, is supporting a project with CIDHAL (Communication, Interchange, and Human Development in Latin America) 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:

- Training workshops were designed.
- Introductory workshops were held for 55 persons. Four women who participated in the workshops were recruited as volunteer educators.
- Training workshop was held for five days. Twenty-four women from 14 organizations participated. "Women & AIDS in Mexico" was among the themes covered.
- Slide/tape show based on the testimony of a HIV positive woman from Ciudad Netzahualcoyolt was developed.

Plans for next six months:

- Produce copies of slide/tape show for staff, trained women leaders, and other community groups providing AIDS education.
- Develop and implement follow up training workshops.

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:

- Twenty chapters of draft script were completed.
- Taping of soap opera began.

Plans for next six months:

- Complete negotiations for air time with major radio stations
- Implement promotional campaign
- Develop and implement project evaluation plan.

Influencing Risk Behaviors of Bisexual Males. Through its Behavioral Research Grants Program, AIDSTECH funded the Population Council and CONASIDA to conduct a collaborative project on influencing the risk behaviors of bisexual males in Mexico. Funding was provided for Phase I of the research. A rapid increase in Mexico of heterosexual transmission of HIV has led to concern that male bisexuals may be an important transmission link for the virus between the high prevalence homosexual population and populations which currently have a low prevalence (i.e., women and newborns). 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. This study examines high-risk practices, partner networks, attitudes toward partner protection, strategies for dealing with HIV risk, and amenability to change in bisexual men. The project also will 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. Information derived from the project will be used to design pilot interventions targeted to particular subgroups within the bisexual population.

Accomplishments in last six months:

- Protocols were developed for accessing samples of bisexual men from various settings in Mexico City.
- Contacts were established and interviews were conducted with selected samples of female partners of bisexual males, and HIV+ women.

Plans for next six months:

- Train interviewers for large-scale survey.
- Begin screening of 10,000 adult males for bisexuality.
- Begin conducting in-depth survey of males identified as bisexual.
- Design and pre-test pilot interventions.

Phase II funding for this project will be provided by the National Institute of Child Health and Human Development.

Training Workshop on the Economics of AIDS. This workshop was designed to transfer to CONASIDA analytical skills concerning the issues of the AIDS pandemic. It will be built mainly upon the experience acquired in the study of the costs of AIDS in Mexico and will include the analysis of alternative types of care, the issues 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. This workshop has been subsumed by and will a part of the overall "Economic Impact of AIDS" workshop planned for the Latin America/Caribbean region. There will be no specific Mexico workshop.

C. ASIA/NEAR EAST

Since the time of the last report, Asia has gained increasing attention as the "sleeping giant" of AIDS. Predictions are that by the end of this decade, Asia will be the epicenter of the worldwide AIDS epidemic. While sentinel surveillance is still poor or nonexistent in many countries of Asia, data from Thailand and India indicate the extent to which the epidemic is insidiously advancing:

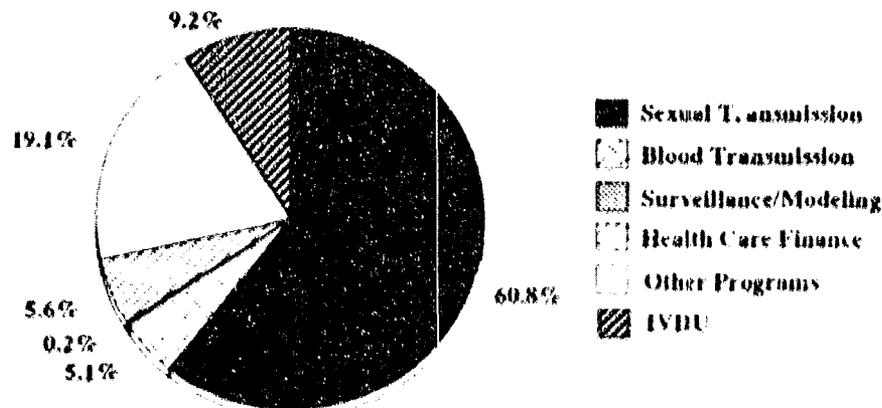
- In Thailand, the current official estimate is that approximately 300,000 Thais are infected. According to WHO, by 1997 between 125,000 and 150,000 Thais are likely to have died from AIDS, and by the year 2000, three to six million (5-10% of the population) are likely to be infected.
- Only in 1987 did AIDS even begin to be recognized in Thailand; its rapid spread has surprised even health professionals. By December 1990, 17.3% of brothel prostitutes nationwide carried the virus, an increase of 26% from June 1990. And, in certain provinces, HIV infection among military recruits is already into double digit figures.
- Since the last report, official estimates of HIV infection in India have jumped from approximately 4,000 to between 300,000 and 400,000. Congressman McDermott and others have estimated that the true figure is closer to one million.
- No general sentinel surveillance is currently being done in India although plans for such are being developed. At this point, only high risk groups are being tested. One such group (Bombay prostitutes) has seen a rise in HIV seroprevalence from 1% in 1987 to 3.3% in 1988, 13% in 1989, and 21% in 1990.

In both India and Thailand, the national governments have started to address the AIDS issue, and, while some argue that it is too little, too late, their response is generally ahead of that of their other Asian neighbors.

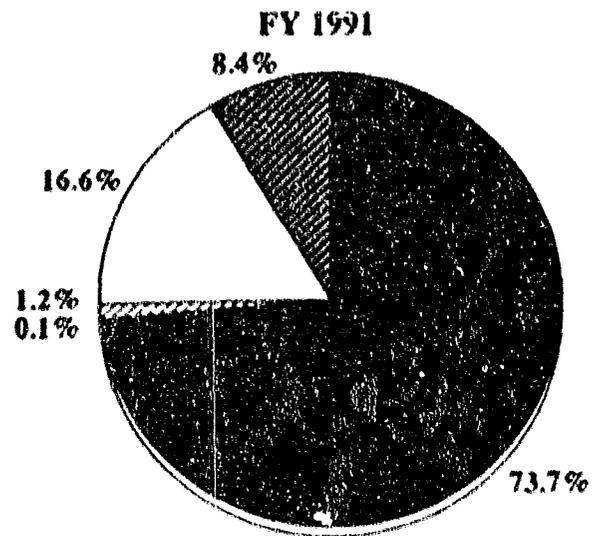
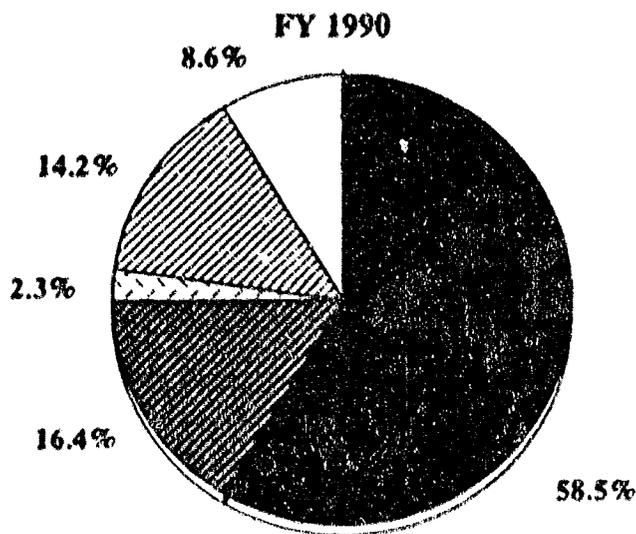
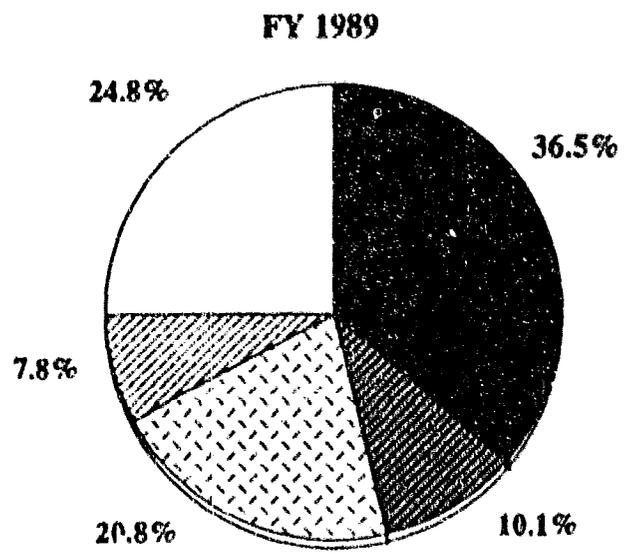
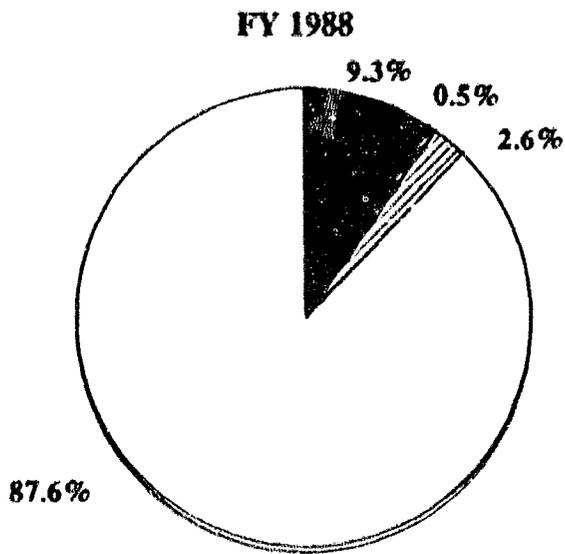
AIDSTECH's efforts in the region continue to focus primarily on the prevention of HIV infection through sexual transmission and, to an increasingly lesser degree, on the transmission of HIV through intravenous drug use. AIDSTECH is sponsoring projects in one Near Eastern country, Morocco, and four Asian countries: India, Indonesia, the Philippines, and Thailand. Thailand is AIDSTECH's extensive country program in the region.

The chart below shows AIDSTECH obligations by program area for the Asia/Near East region. Obligations include 61% for sexual transmission, 9% for IVDU transmission, 6% for health care finance, and 5% for blood transmission. The "other programs" category includes needs assessments, project development, general program support, and conference attendance support.

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



AIDSTECH Asia/Near East Program Expenditures By Program Area



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

The chart on the previous page shows Asia/Near East program expenditures by program area. Other programs, mainly needs assessments, project development, and conference attendance, accounted for 88% of the 1988 program expenditures. This decreased to 25% in 1989, and 17% by 1991. Sexual transmission expenditures rose from 9% to 37% to 74% 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.

INDIA

Production of Video in India. A video, "Talking AIDS, Stopping AIDS," was developed to educate policy-makers about the seriousness of the AIDS threat in India, thereby encouraging an in-country response. The video was undertaken by the Indian Association of Preventive and Social Medicine with seed monies provided by FHI corporate funds. AIDSTECH then provided support for the duplication and distribution of 1,000 copies of the video among policy-makers and health officials at the national and state levels.

Accomplishments in last six months:

- Video was reviewed by FHI/AIDSTECH staff and suggestions for revisions were made.
- A pamphlet highlighting facts about AIDS was developed to accompany the video cassettes.
- Video was revised to give updated statistics on the number of cases of AIDS and HIV and also was shortened per suggestions.

Plans for next six months:

- Continue distribution of 1,000 copies to policy-makers, and all Ministers, Parliament members, and health officials in India.

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 focuses 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 Health Belief Model provides the major conceptual framework for this study. 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 is to examine the impact of alcohol and drug use on sexual practices and condom use.

Accomplishments in last six months:

- Members of three study populations of sex workers and clients were identified.
- Interviews were conducted with 20 sex workers and 20 clients from each of three study populations.
- Site visit was conducted by team from A.I.D., NIH, and AIDSTECH.

Plans for next six months:

- Administer two structured pretest interviews to a second sample, analyze results of pretesting, and revise questionnaires.
- Develop sampling procedures.

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:

- Peer educators were recruited.
- A training approach was developed.
- A site for pretesting educational materials was selected.

Plans for next six months:

- Continue to work with peer educators in training approach and in resolving difficult issues facing the peer education approach in Morocco (i.e., safety of prostitutes, places to meet discretely, etc.).

PHILIPPINES

Many of AIDSTECH's 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:

- Despite severe disruptions in daily life caused by the eruption of Mt. Pinatubo, staff in both Angeles and Olongapo continued with the project. The AIDS Task Force in each city, comprised of representatives from the Mayors' offices, city press, bar owners and managers, health educators, and the U.S. Navy (Olongapo only), remained active though some meetings had to be cancelled due to the loss of the health education building in Olongapo and to other hardships in Angeles.
- From April through August 1991, 139 managers, 1,596 resource and referral workers, and 456 other individuals attended a basic training session on AIDS. 1,525 people, including managers, government officials, and entertainment workers, attended a training session on value clarification. 187 attended training on action planning.
- From April through August 1991, a total of 1,329 posters, 6,804 brochures, and 6,448 tracts and stickers were distributed.
- The project coordinator, Dr. Noma Ravelo, presented a poster at the VII International Conference on AIDS in Florence, Italy which reviewed the key findings from the baseline KAP and first follow-up study.
- Preliminary findings from the KAP reflect the initial success of the program. In the Olongapo baseline study, 24% of respondents reported condom use all of the time, and 31% reported they never used condoms. Follow-up results showed 44% of respondents using condoms all of the time, and 7% never using them. In Angeles City, 24% of the baseline respondents reported using condoms all the time, and 29% never using them. In the follow-up study, 62% of the respondents claimed they used condoms all the time, and 9% reported they never used them.

Plans for next six months:

- Develop written curricula for four target audiences: entertainment workers, peer educators, community leaders, and health workers/educators.
- Continue community education activities.
- Coordinate 1992 KAP and situational variable study.
- Conduct an assessment of on-going STD services in the two cities and make written recommendations for improving the quality and/or cost-effectiveness of these services.

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 last six months:

- Project was completed and report was finalized.
- 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.

Lessons Learned:

- Due to the relatively low prevalence of HIV in the general population, blood transfusion in the Philippines appears currently to represent a low risk from HIV transmission, despite a lack of HIV testing throughout the country. This study tested 5,800 donors and identified no HIV contamination.
- Reliance on commercial donations, however, along with a high prevalence of syphilis and hepatitis in overall donations, indicates that there may be a significant risk of HIV transmission via blood transfusion in the near future. Considering that testing could be implemented in the Philippines at a cost of only \$3.40 per sample tested (using SERODIA Agglutination), it appears that HIV screening is warranted to prevent a potentially significant future risk.
- In terms of overall blood collection and screening, this study indicated that significant cost savings are possible by collecting and screening large volumes of blood and by specializing in blood collection. This study also suggested that many blood banks had difficulty screening out contaminants such as hepatitis from their blood supply.

Program Support. AIDSTECH provides general program support to the Philippines' National AIDS Prevention and Control Program (NAPCP). One of the most notable and sustained methods of support has been via the services offered by AIDSTECH's Resident Coordinator, Carlos Calica, M.D. Dr. Calica's office is within the NAPCP office. Both benefit from the part-time secretarial services and the equipment support provided by AIDSTECH.

Accomplishments in last six months:

- Dr. Calica presented highlights of the Health Education/ Intervention Project in Manila to the Research Institute for Tropical Medicine and assisted in the presentation for the Executive Committee and National Staff Meeting on "Institutionalization of the National AIDS Prevention and Control Program."
- Under AIDSTECH's Rapid Response fund, Dr. Calica and Dr. Enrique Hernandez, Program Manager of the NAPCP, made a needs assessment visit to the Social Hygiene Clinics and Regional Hospital laboratories in Cavao, Cagayan de Oro, and Cebu.

- Dr. Calica coordinated the schedules of numerous visitors to the NAPCP including the Solomon Islands Health Minister and U.S. based researchers Dr. Ralph Frerich and Dr. Deets.
- A Filipino scholar was sponsored to the CAPS program in San Francisco where she is writing a proposal on AIDS education among school children.
- AIDSTECH consultants, during a visit for the Olongapo project, provided a one-day training on the Epi-Info Software Program to selected NAPCP and Bureau of Research laboratory staff.

Plans for next six months:

- Sponsor Dr. Calica and two other Filipino researchers to the A.I.D. Conference on AIDS Prevention to be held in Rosslyn, Virginia in November 1991.
- Sponsor a participant to a two-week CDC affiliated STD workshop with laboratory training.

THAILAND

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

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

- Mobile exhibitions on AIDS were displayed 16 times in nine communities over a period of two months.
- News and general information on AIDS were consistently publicized through communal information boards.
- From May through July, program staff visited nightlife areas once a week and distributed 3000 condoms in those three months.
- A new target group of 110 youth was reached with AIDS education provided at a local vocational school.
- Motorcycle taxi drivers previously trained by the project continued to receive information and condoms. Between May and July, 1500 condoms were distributed to this group.

Plans for next six months:

- Continue educational activities.
- Complete final report.

AIDS Education in Institutions. In partnership with the Population and Community Development Association (PCA), 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:

- First training of 25 representatives from Bangkok institutions was conducted.

Plans for next six months:

- Continue training volunteers (previously stalled because of the Thailand funding question that arose in late February-April).
- 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 a planned national AIDS prevention mass media campaign. This evaluation will involve 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:

- Approvals were obtained for the two surveys from all involved parties.

Plans for next six months:

- Implement the omnibus survey and collection of baseline interview data.

Behavioral Research for AIDS Prevention. Through its Behavioral Research Grant 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.

Accomplishments in last six months:

- KAP questionnaires, focus groups, and in-depth interview guides were finalized.
- Sampling plan for male population surveys was completed.
- List of brothels was developed.

Plans for next six months:

- Funding for Phase II of this project will be provided by the National Institute of Child Health and Human Development of the NIH.

Program Support. In Thailand, general assistance is provided by Mr. Tony Bennett, the AIDSTECH Resident Coordinator, who not only helps to identify, develop, and monitor AIDSTECH projects but who also responds to requests for technical assistance from the Ministry of Public Health and other NGOs. Mr. Bennett also assists in writing up the final results on many of the AIDSTECH projects.

Accomplishments in last six months:

- Assistance with the analysis of results from the operations research project to train mamasans to expand condom-only brothels was provided. The principal investigator's attendance at the VII International Conference on AIDS in Florence, Italy, where she presented a paper on the results, was sponsored.
- An English translation of the report on long-haul truck drivers and their risk of HIV was completed.
- A laptop computer was purchased for program use when traveling within Thailand. The same computer will be used regularly by the Resident Coordinator in his office.

Plans for next six months:

- Arrange for the Resident Coordinator to participate in the GPA evaluation of Thailand's medium term plan.
- Provide technical assistance on quality assurance for HIV testing to the Ministry of Public Health.
- Plan for the smooth transition of AIDSTECH Resident Advisor to the new AIDS project.

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. 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 completing a condom stock requisition and balance form.

Accomplishments in last six months:

- Final report from first workshop was completed in Thai and English.
- The National AIDS Control Program of Thailand decided to scale up the national model training program to cover every province.
- The first scale-up activity began in September 1991, again with AIDSTECH funding.

Plans for next six months:

- Complete the first scale-up, covering four regions.
- Submit project final report.

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. 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.

Accomplishments in last six months:

- A spot check of 25 of the 70 health centers in Payao was completed by PATH staff to observe the state of the flipchart and discuss its use with local health staff.
- Evaluation data were collected.

Plans for next six months:

- Process data.
- Submit final report.

Counseling and IEC 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 health care providers in the Northern Provinces who said they needed assistance in responding to the counseling needs associated with HIV testing and in designing AIDS prevention and control informational and educational programs.

Accomplishments in last six months:

- Project was initiated.
- Training of trainers workshop was conducted with 70 trainers in the areas of AIDS counseling and AIDS communication.

Plans for next six months:

- Conduct second round of training for trainers in October.
- Finalize curricula and begin training on design information, education and communication programs in AIDS.

Small Grants Program: Operations Research

AIDSTEC 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 for slowing the spread of HIV.

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 Rai.

Accomplishments in last six months:

- Data were computerized.
- Preliminary results show widespread exposure to the intervention and distinct increases in knowledge of HIV/AIDS.

Lessons Learned:

- Outreach workers performed well.
- Knowledge level doubled for all questionnaire items.
- Self-reported condom use increased sharply.
- STD incidence remained constant.
- An association was found between the use of the flip chart and higher increases in knowledge.

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 last six months:

- Results were presented at VII International Conference on AIDS in Florence, Italy.
- Conference was held for Governors and Provincial Chief Medical Officers from eight provinces.
- Governor of Supanburi attended conference and took action to promote condom only brothels in his province.

Lessons Learned:

- Although the model probably played a significant role in increasing condom use from the already high baseline level of 74% to 93%, this was not enough to suppress the level of gonorrhoea infection among the study population of 24 brothels.
- Temporary brothels are obstacles to 100% condom use.
- Stock shortages in November, reduction in clients, and high turnover of commercial sex workers were problems encountered by the project

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 last six months:

- English summary of the final report was completed.

Lessons Learned:

- Most long-haul truckers in Thailand take amphetamines.
- Truckers believe that whiskey triggers the action of the amphetamines and that sex purges the amphetamine.
- The most promiscuous behavior is among the group that uses both pep pills and whiskey.
- Most truckers like to change their sex partner often and are not likely to use condoms when they visit prostitutes.
- Truckers' knowledge of HIV/AIDS is low, and they generally feel AIDS is far removed from their daily life.

Lasentheque for Rural Teens and Condom Distribution. This project will assess the feasibility and short-term output of a mobile unit to provide AIDS education in conjunction with a multi-media slide show and disco music. Two districts in Lampang province will participate.

Accomplishments in last six months:

- Visits by the AIDSTECH Resident Coordinator helped to refine the sampling scheme and the pre-intervention measurement of knowledge and attitudes, and to plan for Lasentheque program.

Plans for next six months:

- Conduct initial survey
- Hold Lasentheque in villages selected.

IV. MANAGEMENT

The management structure of the AIDSTECH program and its organizational relationship within FHI provides the basis for responding quickly to technical program needs; 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 FHI's 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/IRP for work on contraception and HIV transmission.

Throughout its existence, and as exemplified in the preceding section, 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 PVCs and NGOs are used, as needed, to carry out AIDSTECH programs.

In August 1991, FHI was awarded the AIDS Technical Support Project, a \$168 million cooperative agreement from the Agency for International Development to expand HIV prevention and control programs in the developing world.

A. PERSONNEL AND ORGANIZATIONAL STRUCTURE

AIDSTECH staffing needs have changed as a result of the new AIDS Technical Support Project. Movement of staff to the new project has altered the structure of AIDSTECH. See attached charts for changes that occurred as of September 1991. Additional changes will be shown in the next semi-annual report.

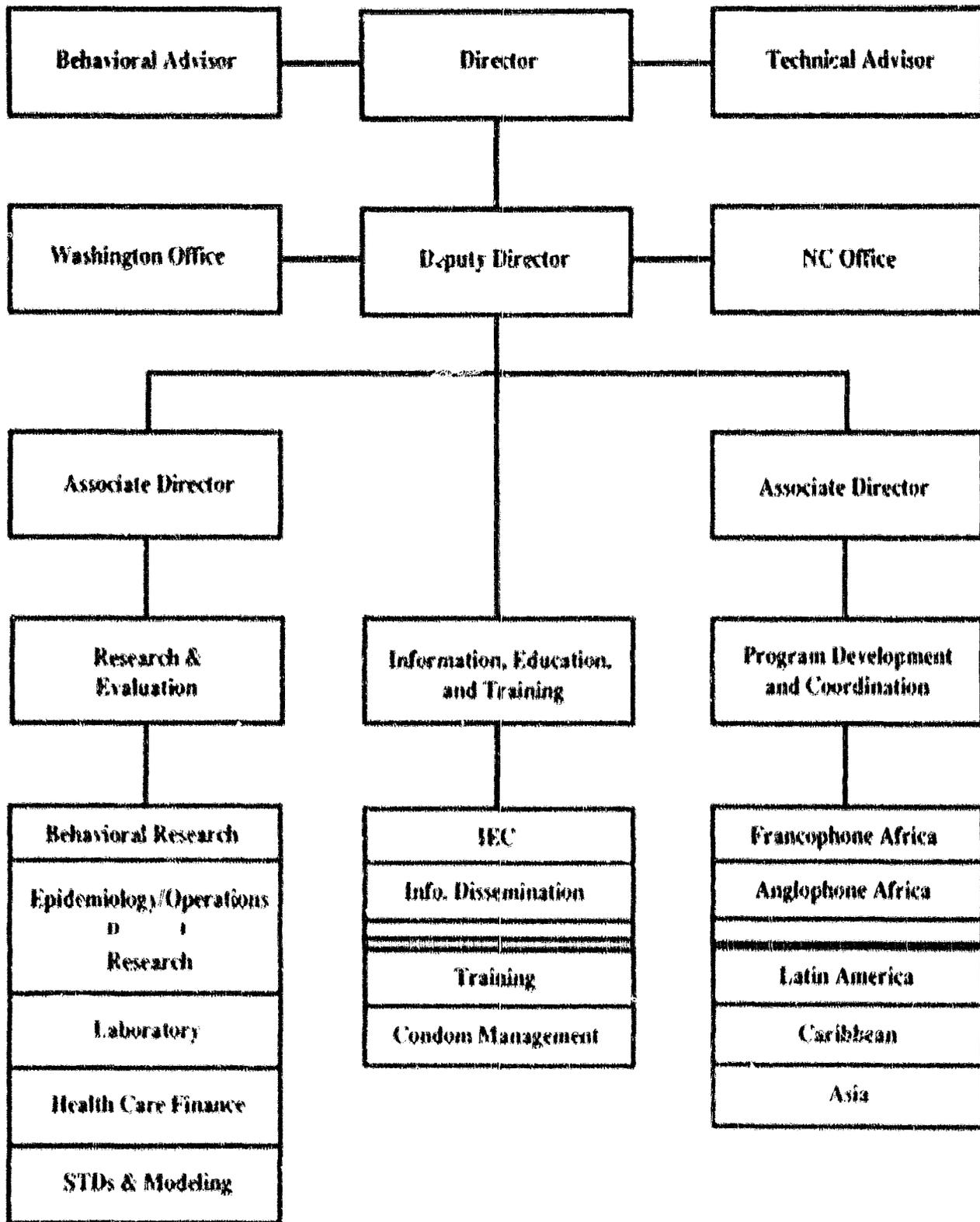
B. PROGRAM MANAGEMENT

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.

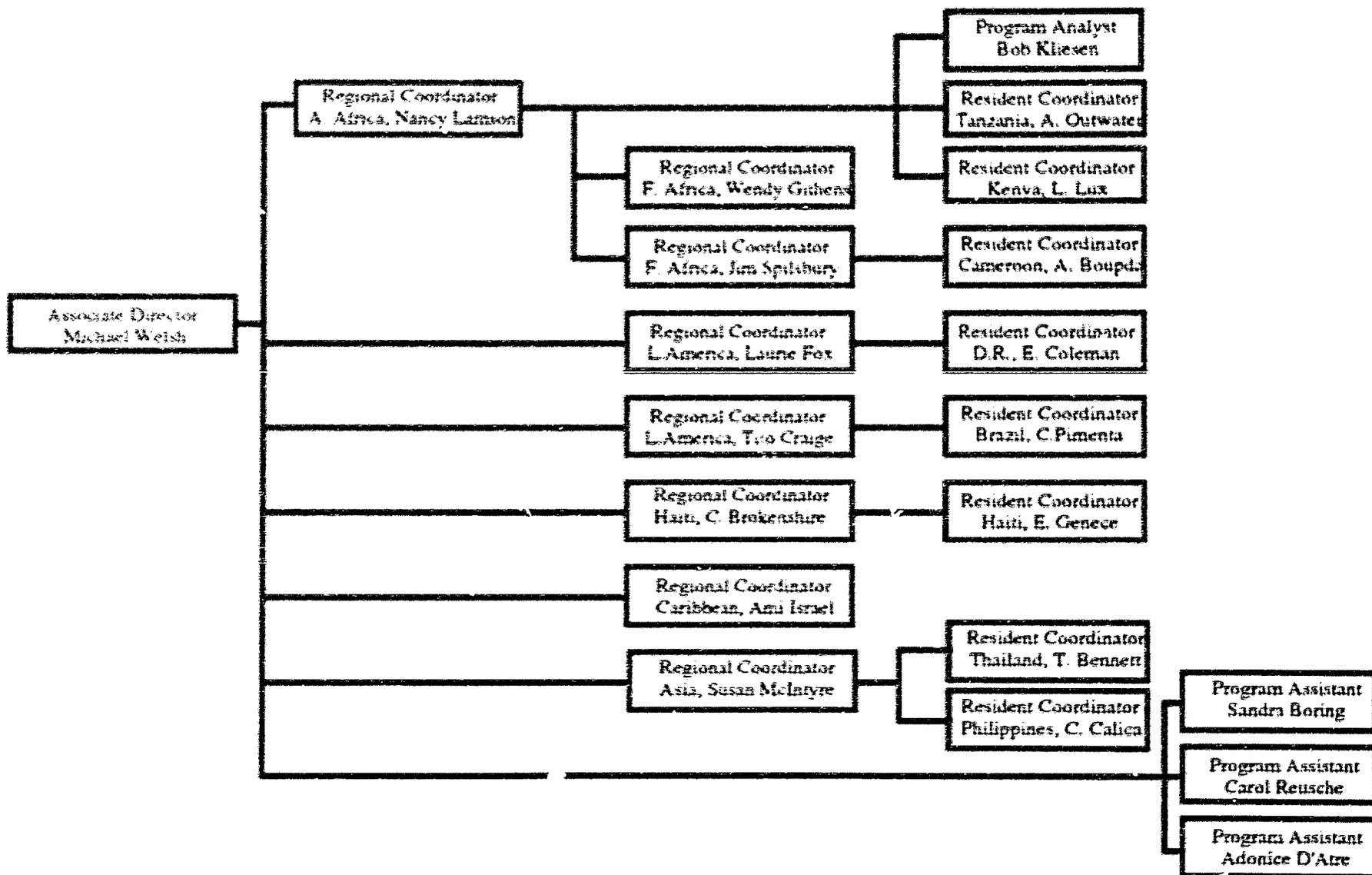
The AIDSTECH Task Force Meeting, organized around the theme of "Strategies for Behavior Change," was held April 2 - 5, 1991 in Durham, North Carolina. The purpose of the meeting was to provide a technical overview of specific issues for behavior change and an opportunity to participate in group discussions focussing on (1) the relevance and applicability of the various topics to AIDSTECH's program and (2) recommendations for new approaches and projects in program and research areas for AIDSTECH. The Task Force brought together experts in the fields of behavior change, educational strategies, and communication theory/methodology to discuss the behavioral problems faced in the prevention and control of AIDS/HIV. Eighty participants from AID, WHO/GPA, NIH, CDC, AIDSTECH, AIDSCOM, and various universities and organizations working in AIDS prevention attended the three-day meeting. Keynote speakers and panelists made presentations on barriers to condom use, social learning theory, social marketing strategies, and diffusion of innovation and community empowerment. The Task Force Proceedings were published and provided to all participants.

AIDSTECH Organizational Chart



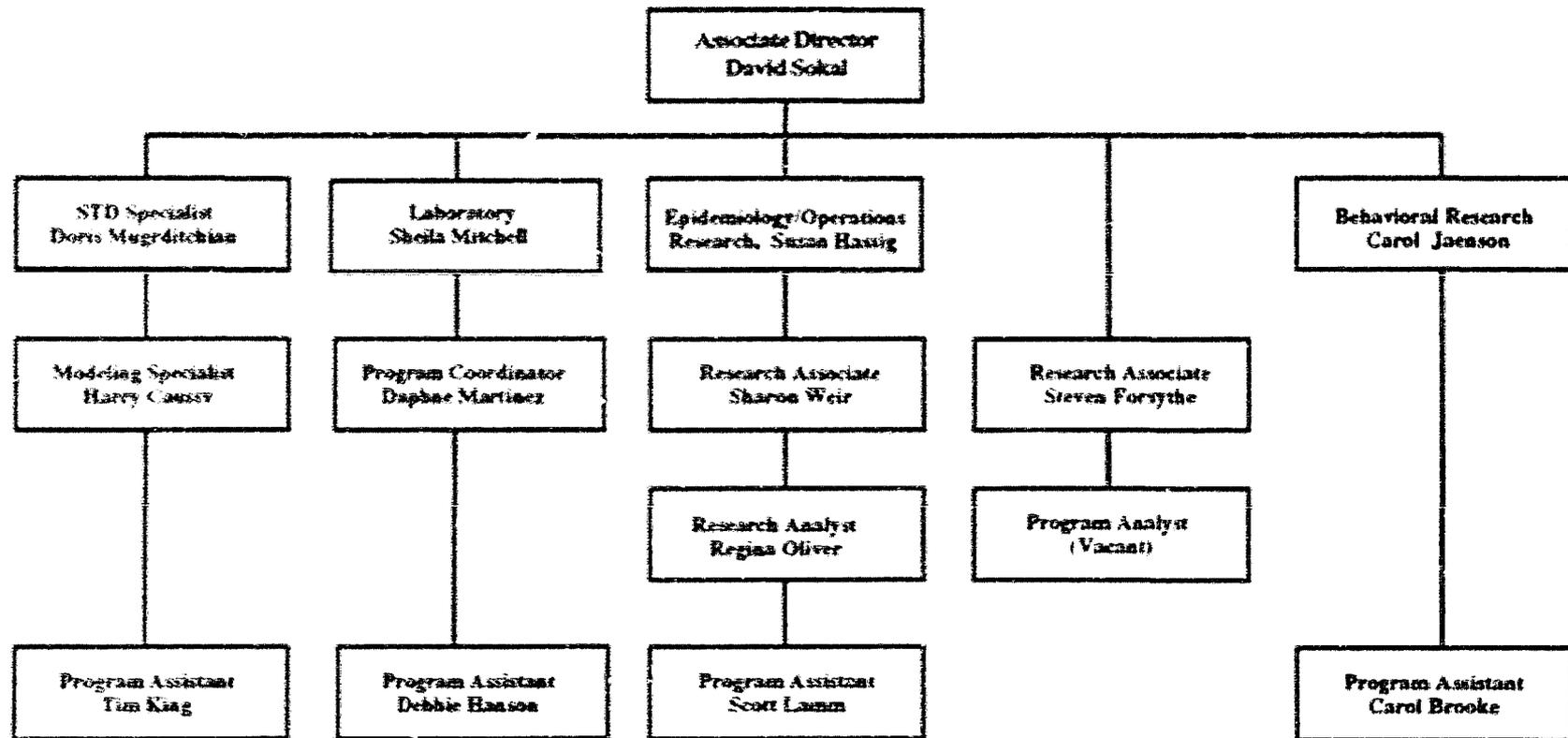
AIDSTECH Organizational Chart

Intervention, Development and Coordination Unit



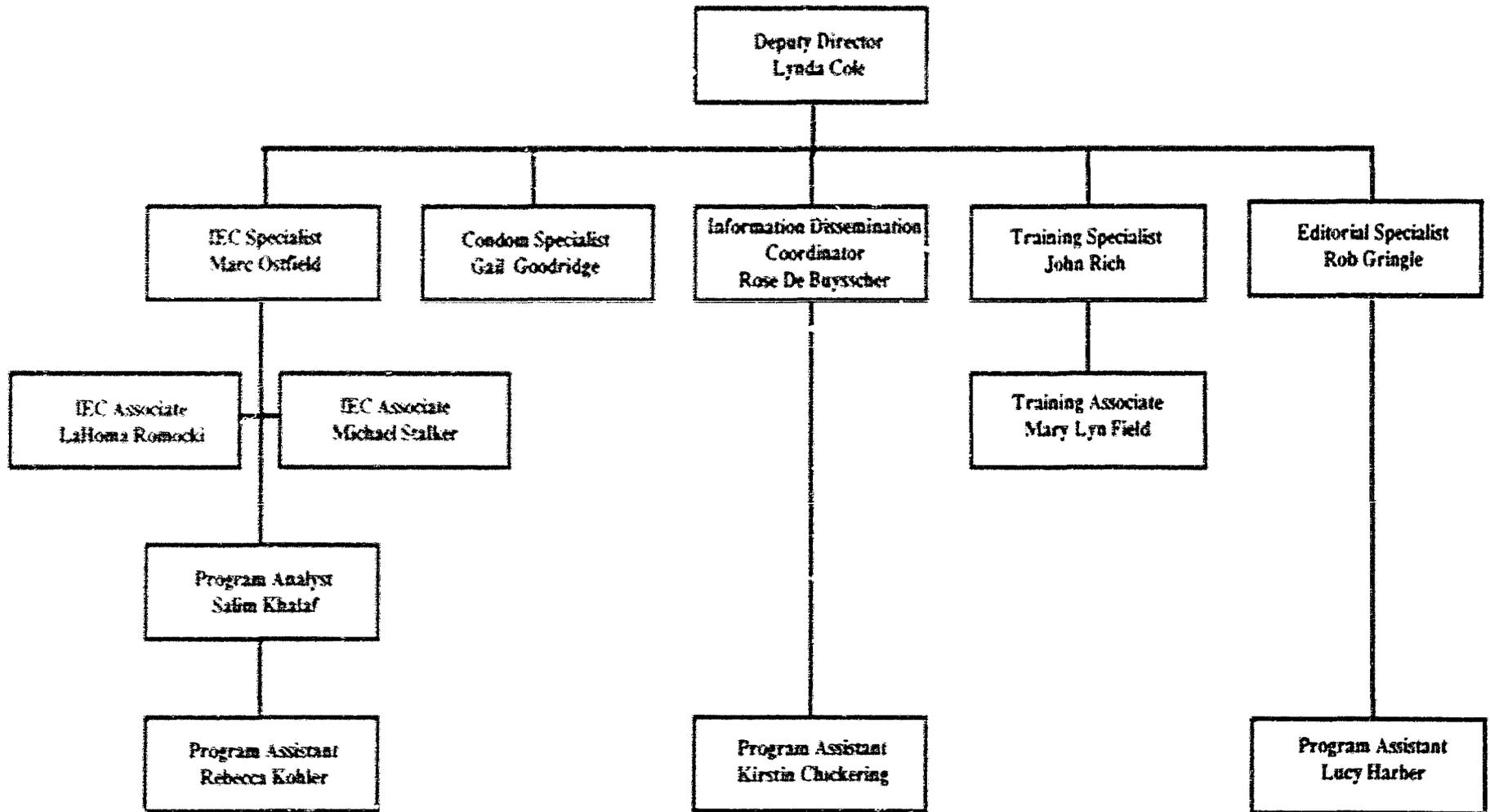
AIDSTECH Organizational Chart

Research and Evaluation Unit



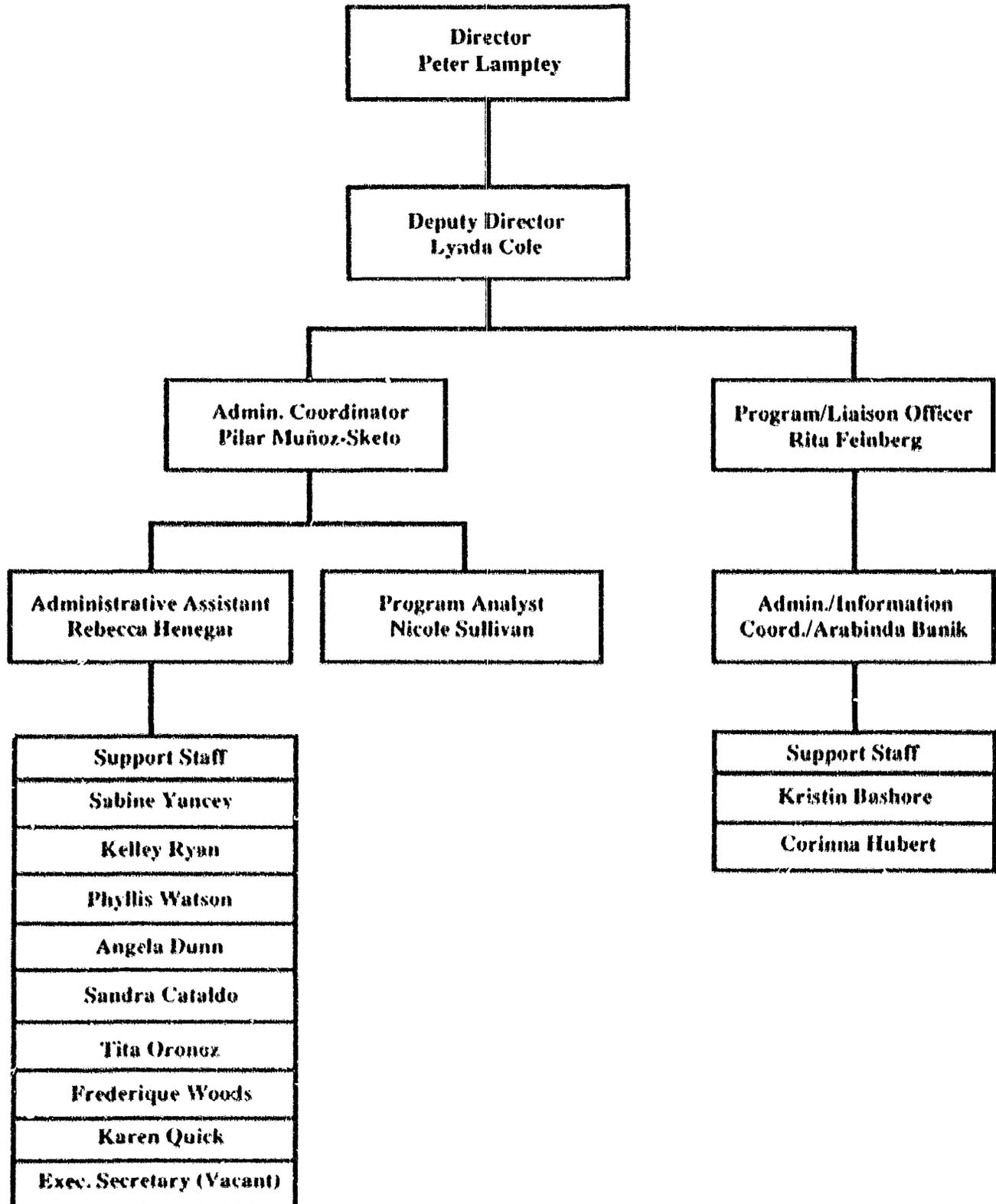
AIDSTECH Organizational Chart

Information, Education & Training Unit



AIDSTECH Organizational Chart

Administration



C. TECHNICAL ASSISTANCE

In the past six months, AIDSTECH has provided 129 weeks of technical assistance to 30 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	21	51	22	29	7	15	50	95
Blood Transmission	3	5	1	1	0	0	4	6
Surveillance	1	3	2	1	0	0	3	4
Health Care Financing	0	0	2	3	0	0	2	3
Policy	6	15	4	5	1	1	11	21
Total	31	74	31	39	8	16	70	129

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 finally succeeded in obtaining 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 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's Condom Logistics Specialist works with projects to design and implement condom distribution plans for all intervention programs.

Program Sustainability. As AIDSTECH comes to the end of its funding, there is a need for expansion and replication of successful projects. 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.

Political Unrest. AIDSTECH programs in Cameroon, Zaire, and Haiti have been seriously affected by civil unrest. In Cameroon, initiation of the evaluation of the Social Marketing of STD Treatments has been delayed. All programs in Zaire have been stopped. Program activities in Haiti have been restricted and may have to be phased out if the political situation is not resolved soon.

V. FUTURE PLANS

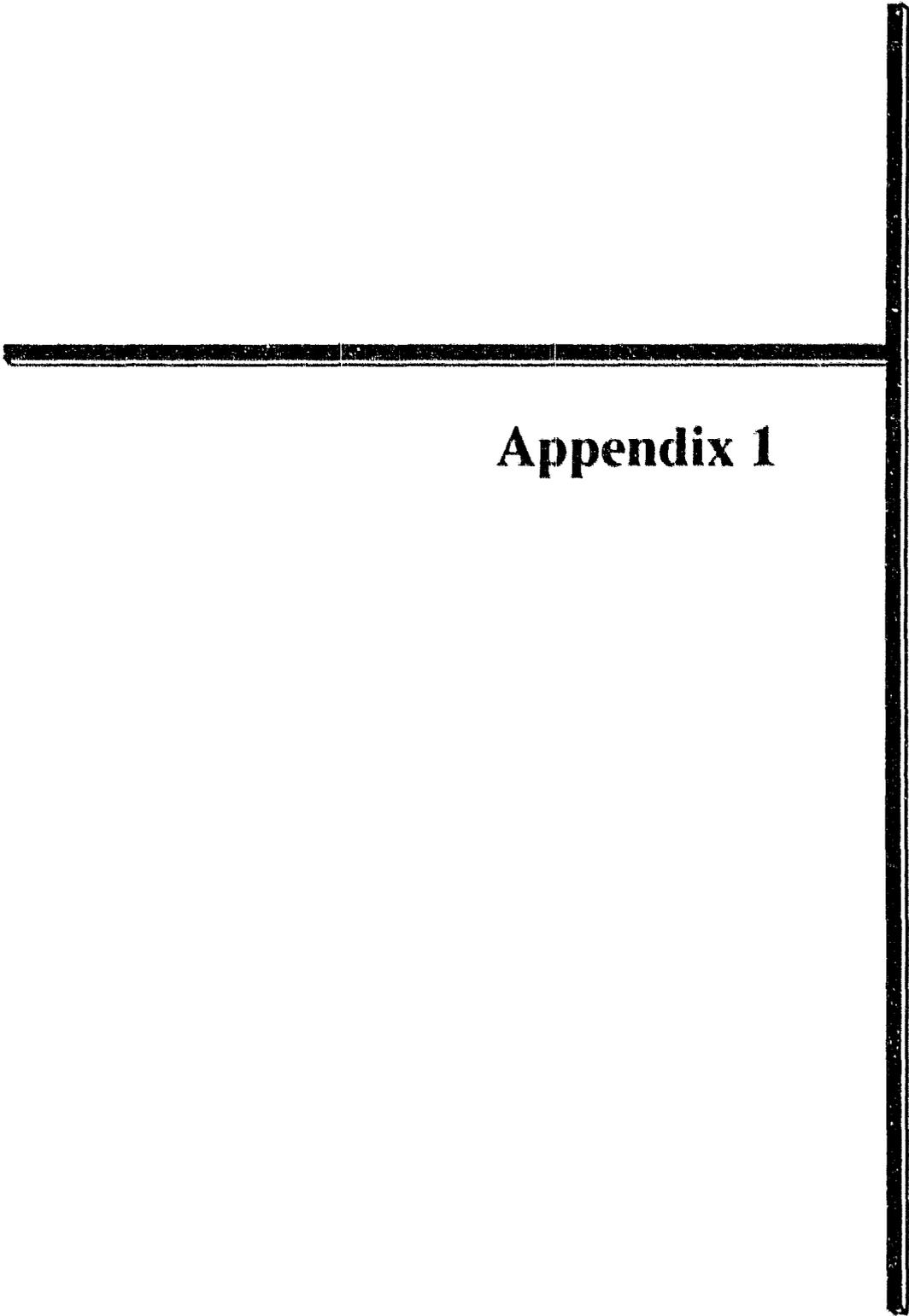
A major focus of AIDSTECH activities in the coming months will be bringing AIDSTECH projects to an end and integrating successful programs into the AIDS Technical Support Project. AIDSTECH will continue to focus efforts on interventions targeted at high risk groups for the prevention of sexual transmission of HIV. Specifically, AIDSTECH will:

- review and evaluate interventions for lessons learned, determining what works and what does not; and
- disseminate the AIDSTECH experience with interventions through publications and conference presentations.

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

- involve pharmacists in STD/HIV prevention and control;
- strengthen HIV/STD prevention efforts targeted toward STD patients; and
- continue to evaluate 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	5,031,513	2,468,076	7,499,589
Blood	466,710	891,276	1,357,986
Surveillance	444,680	438,466	883,146
HCF	14,521	72,224	86,745
Other	727,812	701,417	1,429,229
Total	6,685,236	4,571,459	11,256,695
LAC			
Sex	2,449,182	2,940,319	5,389,501
Blood	212,834	323,432	536,266
Surveillance	78,052	381,273	459,325
HCF	123,349	174,374	297,723
Other	1,099,735	1,608,427	2,708,162
Total	3,963,152	5,427,825	9,390,977
ANE			
Sex	1,469,976	413,259	1,883,235
IVDU	285,190	0	285,190
Blood	6,337	153,406	159,743
Surveillance	6,000	0	6,000
HCF	21,499	153,258	174,757
Other	404,735	189,403	594,138
Total	2,193,737	909,326	3,103,063
Program Areas			
Sex	8,950,671	5,821,654	14,772,325
IVDU	285,190	0	285,190
Blood	685,881	1,368,114	2,053,995
Surveillance	528,732	819,739	1,348,471
HCF	159,369	399,856	559,225
Other	2,232,282	2,499,247	4,731,529
Regions			
Africa	6,685,236	4,571,459	11,256,695
LAC	3,963,152	5,427,825	9,390,977
ANE	2,193,737	909,326	3,103,063
Total	12,842,125	10,908,610	23,750,735

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

Africa Region	Core	Add-On	Total
Botswana			
Sex	73,408	0	73,408
Other	9,178	6,539	15,717
Total	82,586	6,539	89,125
Burkina Faso			
Sex	354,200	647,250	1,001,450
Blood	107	84,304	84,411
Surveillance	8,000	0	8,000
Other	36,943	16,719	53,662
Total	399,250	748,273	1,147,523
Burundi			
Sex	17,000	92,000	109,000
Surveillance	115,680	50,905	166,585
Other	34,041	65,531	99,572
Total	166,721	208,436	375,157
Cameroon			
Sex	901,471	382,662	1,284,133
Blood	238,882	158,207	397,089
Surveillance	104,000	225,931	329,931
HCF	4,821	0	4,821
Other	101,659	47,570	149,229
Total	1,350,833	814,370	2,165,203
Cape Verde			
Other	4,261	0	4,261
Total	4,261	0	4,261
Central African Republic			
Sex	68,000	0	68,000
Other	0	6,781	6,781
Total	68,000	6,781	74,781
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	457,000	204,089	661,089
Blood	0	103,825	103,825
Other	31,949	10,061	42,010
Total	488,949	317,975	806,924
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	617,861	339,510	957,371
Blood	113,184	171,770	284,954
Surveillance	0	33,630	33,630
HCF	0	12,224	12,224
Other	200,194	106,895	307,089
Total	931,239	664,029	1,595,268
Lesotho			
Other	5,455	6,876	12,331
Total	5,455	6,876	12,331
Malawi			
Sex	0	10,275	10,275
Blood	31,400	0	31,400
Surveillance	59,000	36,000	95,000
HCF	9,700	60,000	69,700
Other	10,905	13,012	23,917
Total	111,005	119,287	230,292
Mali			
Sex	122,000	147,000	269,000
Other	7,168	0	7,168
Total	129,168	147,000	276,168
Mauritania			
Other	1,814	0	1,814
Total	1,814	0	1,814

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

	Core	Add-On	Total
Mozambique			
Other	7,407	559	7,966
Total	7,407	559	7,966
Niger			
Sex	121,000	60,000	181,000
Other	4,631	6,103	10,734
Total	125,631	66,103	191,734
Nigeria			
Sex	249,497	0	249,497
Other	13,614	19,822	33,436
Total	263,111	19,822	282,933
Rwanda			
Other	0	9,502	9,502
Total	0	9,502	9,502
Senegal			
Sex	367	0	367
Blood	1,990	125,810	127,800
Other	5,035	51,303	56,338
Total	7,392	177,113	184,505
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	69,339	420,900	490,239
Other	28,341	143,111	171,452
Total	97,680	564,011	661,691
Togo			
Other	4,586	6,240	10,826
Total	4,586	6,240	10,826

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

	Core	Add-On	Total
Uganda			
Sex	343,082	0	343,082
Blood	88,000	0	88,000
Other	16,545	21,553	38,098
Total	447,627	21,553	469,180
Zaire			
Sex	441,988	0	441,988
Blood	422	99,325	99,747
Other	57,283	35,790	93,073
Total	499,693	135,115	634,808
Zambia			
Other	6,665	18,941	25,606
Total	6,665	18,941	25,606
Zimbabwe			
Sex	784,100	164,390	948,490
Blood	18,225	122,035	140,260
Other	26,243	51,164	77,407
Total	828,568	337,589	1,166,157
Regional			
Sex	411,200	0	411,200
Blood	62,500	26,000	88,500
Surveillance	70,000	92,000	162,000
Other	62,538	0	62,538
Total	606,238	118,000	724,238
Africa Region			
Sex	5,031,513	2,468,076	7,499,589
Blood	466,710	891,276	1,357,986
Surveillance	444,680	438,466	883,146
HCF	14,521	72,224	86,745
Other	727,812	701,417	1,429,229
Africa Region Total	6,685,236	4,571,459	11,256,695

**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	4,285	4,285
Blood	12,090	31,923	44,013
Surveillance	0	4,095	4,095
Other	24,413	7,684	32,097
Total	36,503	47,987	84,490
Brazil			
Sex/Training	213,900	393,300	607,200
Other	261,500	449,694	711,194
Total	475,400	842,994	1,318,394
Chile			
Sex	77,965	0	77,965
Other	6,323	0	6,323
Total	84,288	0	84,288
Colombia			
Other	14,622	0	14,622
Total	14,622	0	14,622
Costa Rica			
Sex	126,050	0	126,050
Other	11,272	0	11,272
Total	137,322	0	137,322
Dominican Republic			
Sex	60,725	623,941	684,666
Blood	71,828	202,400	274,228
Surveillance	0	73,000	73,000
HCF	11,000	30,500	41,500
Other	147,733	327,262	474,995
Total	291,286	1,257,103	1,548,389
Eastern Caribbean			
Sex	142,600	663,200	805,800
Blood	7,164	60,000	67,164
Surveillance	0	94,039	94,039
HCF	0	96,700	96,700
Other	193,233	312,000	505,233
Total	342,997	1,225,939	1,568,936

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

	Core	Add-On	Total
Ecuador			
Sex	0	23,700	23,700
Blood	27,650	29,109	56,759
Surveillance	0	7,139	7,139
Other	23,971	25,897	49,868
Total	51,621	85,845	137,466
El Salvador			
Sex	77,300	34,400	111,700
Blood	82,741	0	82,741
Surveillance	9,212	0	9,212
Other	19,470	0	19,470
Total	138,723	34,400	223,123
Guatemala			
Sex	116,000	0	116,000
Blood	6,850	0	6,850
Surveillance	6,850	0	6,850
Other	13,363	0	13,363
Total	143,063	0	143,063
Haiti			
Sex	594,172	1,129,488	1,723,660
Surveillance	0	203,000	203,000
Other	285,225	470,000	755,225
Total	879,397	1,802,488	2,681,885
Honduras			
Other	10,677	0	10,677
Total	10,677	0	10,677
Jamaica			
Sex	416,940	0	416,940
Other	11,662	15,890	27,552
Total	428,602	15,890	444,492
Mexico			
Sex	540,430	50,000	590,430
Surveillance	61,990	0	61,990
HCF	112,349	0	112,349
Other	41,211	0	41,211
Total	755,980	50,000	805,980

**PROGRAM OBLIGATIONS
BY PROGRAM AREA AND REGION**

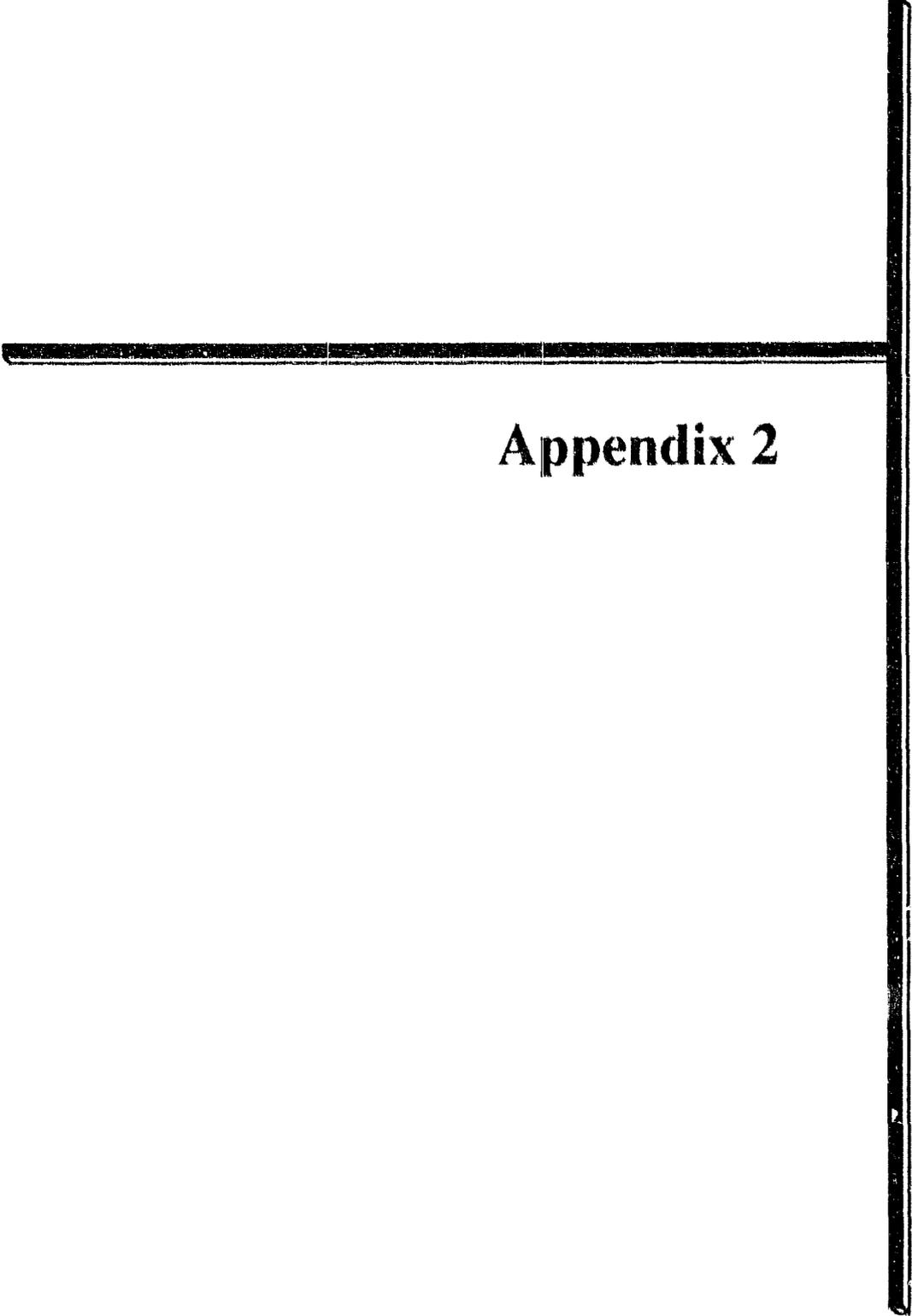
	Core	Add-On	Total
Peru			
Sex	83,100	18,005	101,105
Blood	1,096	0	1,096
HCF	0	30,774	30,774
Other	27,439	0	27,439
Total	111,635	48,779	160,414
Regional			
Blood	3,415	0	3,415
HCF	0	16,400	16,400
Total	3,415	16,400	19,815
LAC Region			
Sex	2,449,182	2,940,319	5,389,501
Blood	212,834	323,432	536,266
Surveillance	78,052	381,273	459,325
HCF	123,349	174,374	297,723
Other	1,099,735	1,608,427	2,708,162
LAC Region Total	3,963,152	5,427,825	9,390,977

**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	20,762	9,000	29,762
Total	20,762	9,000	29,762
Indonesia			
Sex	270,833	0	270,833
Other	26,372	0	26,372
Total	297,205	0	297,205
Jordan			
Other	9,505	0	9,505
Total	9,505	0	9,505
Morocco			
Sex	61,900	0	61,900
Surveillance	6,000	0	6,000
Other	21,348	0	21,348
Total	89,248	0	89,248
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	525,617	366,559	892,176
Blood	6,337	153,406	159,743
HCF	6,000	153,258	159,258
Other	111,732	177,899	289,631
Total	649,686	851,122	1,500,808
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	34,260	0	34,260
Other	11,314	0	11,314
Total	45,574	0	45,574
Thailand			
Sex	577,366	46,700	624,066
IVDU	285,190	0	285,190
Other	122,181	2,504	124,685
Total	984,737	49,204	1,033,941
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	1,469,976	413,259	1,883,235
IVDU	285,190	0	285,190
Blood	6,337	153,406	159,743
Surveillance	6,000	0	6,000
HCF	21,499	153,258	174,757
Other	404,735	189,403	594,138
ANE Region Total	2,193,737	909,326	3,103,063



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	62,538	0	Complete
	Policy Development	01/90	0	92,000	Ongoing
	AIDS Film	01/91	411,200	0	Ongoing
	Regional Modeling Workshops	05/91	70,000	0	Complete
	Quality Assurance Workshops	05/91	62,500	26,000	Ongoing
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	73,408	0	Complete
Burkina Faso	Needs Assessment/ Project Development	02/88	14,505	9,502	Complete
	Equipment/Supplies Procurement/Training	06/88	107	84,304	Complete
	International AIDS Conference Participation	06/88	22,438	7,217	Complete
	Intervention with High Risk Groups	11/88	83,000	61,650	Ongoing
	National Social Marketing Program	04/91	0	555,600	Ongoing
	Pilot AIDS Social Marketing Program	04/89	43,700	30,000	Ongoing

**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	227,500	0	Ongoing
Burundi	Needs Assessment	02/88	9,630	9,502	Complete
	International AIDS Conference Participation	06/88	22,366	6,014	Complete
	Intervention with High Risk Groups	05/91	17,000	92,000	Ongoing
	Cohort Surveillance	05/89	115,680	50,905	Ongoing
	Health Provider Training	10/88	2,045	50,015	Complete
	Modeling	01/92	0	0	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	20,000	17,570	Complete
	Tanzania Conference Participation	09/88	4,110	0	Complete
	Resident Coordinator	06/89	55,800	30,000	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
Cameroon	Intervention with High Risk Groups	05/89	186,775	207,262	Ongoing
	Sentinel Surveillance	05/89	104,000	155,000	Ongoing
	Comparative Evaluation of Condom Social Marketing	11/90	5,196	0	Ongoing
	Reducing Blood Transfusions	10/89	0	30,527	Complete
	Development of a Counseling Program	10/89	30,000	75,460	Ongoing
	HIV Testing and Training	05/89	148,800	127,680	Complete
	Efficacy of Barrier Methods	04/89	110,500	100,000	Ongoing
	International Health Services: AIDS Diagnostic Test	03/89	90,082	0	Ongoing
	Social Marketing of STD Drugs	11/91	569,000	0	Planned
Cape Verde	Modeling	12/91	0	70,931	Planned
	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	68,000	0	Ongoing

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Chad	National Plan Review	02/88	1,096	0	Complete
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	11,565	9,502	Complete
	International AIDS Conference Participation	06/88	14,425	559	Complete
	Program Support	01/89	5,959	0	Ongoing
	Expanded Intervention with High Risk Groups	06/89	153,000	58,937	Ongoing
	Intervention with Military	10/89	304,000	145,152	Ongoing
	Rapid Test Evaluation	01/89	0	103,825	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	13,028	8,608	Complete
	Anthropologic Perspectives Meeting Participation	01/88	5,480	0	Complete
	International AIDS Conference Participation	06/88	12,742	10,287	Complete
	Intervention with High Risk Groups in Mombasa	05/91	89,320	36,305	Ongoing
	Intervention with Truck Drivers	01/90	70,020	67,130	Ongoing
	Workshop for Family Planning Workers	03/89	21,338	0	Complete
	KAP Survey of Adolescents	08/90	100,000	0	Ongoing
	Crescent Medical Aid Educational Counseling Training Program	01/90	39,276	0	Ongoing
	Crescent Medical Aid: Strengthening STD Services	04/91	0	76,975	Ongoing
	Condom Assessment	08/89	11,807	0	Complete
	CEDPA/FLPS: Education and Counseling Training	05/91	49,000	0	Ongoing
	Kenya Red Cross: Counseling Training Program	01/91	38,000	0	Ongoing
	Evaluation of Trucker Interventions	05/91	7,200	0	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
Kenya	Rapid Test Evaluation	10/88	0	103,825	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	43,980	0	Complete
	Program Support	01/89	2,944	0	Ongoing
	East Africa Program Coordinator	09/88	166,000	88,000	Ongoing
	AIDS Education Materials	10/91	115,900	89,100	Planned
	Training Field Work	10/91	52,000	0	Planned
	MIS Development	10/91	6,000	0	Planned
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 (HCFTA)	09/89	9,700	60,000	Ongoing
	Technical Assistance Epidemiology	09/89	59,000	36,000	Ongoing
	Attitudes Toward Blood Donation	11/90	31,400	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	122,000	147,000	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	93,000	60,000	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	13,614	6,834	Complete
	Expanded Intervention with High Risk Groups	08/89	218,000	0	Ongoing
	INTERVENTIONS Workshop	04/91	31,497	0	Ongoing

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Rwanda	Needs Assessment	02/88	0	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	103,825	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	4,631	13,609	Complete
	Intervention with Long Distance Drivers	10/88	14,000	335,000	Ongoing
	Evaluation of Trucker Interventions	05/91	8,400	0	Planned

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Tanzania	Strengthening STD Services for High Risk Groups	01/91	17,922	13,800	Complete
	Ethnographic Study of Truck Stops	01/91	37,417	0	Ongoing
	Resident Coordinator	05/90	18,000	120,000	Ongoing
	Pharmacists and STDs	01/92	0	43,700	Planned
Togo	International AIDS Conference Participation	06/88	4,586	6,240	Complete
Uganda	Needs Assessment	01/88	5,319	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	Complete
	AIDS/STD Study Support	09/89	58,750	0	Complete
	Sociocultural Context of AIDS	11/90	258,132	0	Ongoing
Zaire	National Plan Review	01/88	1,096	0	Complete
	Needs Assessment/ Project Development	02/88	41,518	6,000	Complete
	International AIDS Conference Participation	06/88	14,669	29,790	Complete
	Expansion of Social Marketing	03/89	419,217	0	Complete

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Zaire	Rapid Test Evaluation	04/89	422	99,325	Complete
	Evaluation of Social Marketing	11/90	5,196	0	Ongoing
	Vaginal Drying Practices Study	01/91	16,081	0	Planned
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	16,133	7,649	Complete
	Tanzania AIDS Conference Participation	09/88	2,055	0	Complete
	Needs Assessment/ Project Development	07/88	7,912	10,828	Complete
	KAP Module	07/88	0	23,290	Complete
	Intervention with High Risk Groups in Bulawayo	09/89	238,000	60,700	Ongoing
	Equipment/Supply Five Hospitals	11/88	0	122,035	Complete
	Intervention with Labor on Commercial Farms	11/90	0	80,400	Ongoing
	Training in Disease Control Procedures and Laboratory Tests	05/89	145	32,687	Complete
	Supply Blood Transfusion Service	03/89	18,225	0	Complete

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Zimbabwe	Understanding Condom Use	11/90	283,300	0	Ongoing
	Intervention with HRG in Masvingo	05/91	101,300	0	Ongoing
	Intervention with HRG in Kariba	05/91	101,500	0	Ongoing
	Evaluation of Targeted Intervention	05/91	60,000	0	Ongoing

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Latin America/ The Caribbean					
Regional	Health Care Finance Training	05/90	0	16,400	Ongoing
	IFA Regional Workshop	05/91	3,415	0	Complete
Belize	International AIDS Conference Participation	06/88	7,621	0	Complete
Bolivia	Needs Assessment	04/88	11,407	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	4,095	Complete
	Technical Assistance in STD Control	06/90	0	4,285	Complete
	Technical Assistance in Blood/Laboratory	01/90	10,589	31,923	Ongoing
Brazil	International AIDS Conference Participation	06/88	27,954	11,194	Complete
	Needs Assessment	12/88	10,954	8,000	Complete
	General Training	12/88	75,864	14,300	Complete
	IMPACT Peer Educator Training	03/90	51,000	162,000	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	57,000	70,000	Ongoing
	ABEPF Training	05/90	4,000	103,400	Ongoing
	BEMFAM Training	04/90	15,400	143,100	Ongoing
	Resident Coordinator	08/90	70,328	99,700	Ongoing
	HIV Risk Assessment	09/91	22,000	10,000	Ongoing
Chile	International AIDS Conference Participation	06/88	6,323	0	Complete
	Nursing Intervention to Prevent AIDS	11/90	77,965	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	56,350	0	Complete
Dominican Republic	Needs Assessment/ Project Development	01/88	17,591	2,400	Ongoing
	Global Impact of AIDS Conference Participation	01/88	0	6,144	Complete
	International AIDS Conference Participation	06/88	18,926	0	Complete
	National Plan Review	09/88	1,096	0	Complete
	Program Support	06/88	110,120	41,000	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	98,696	Ongoing
	Santo Domingo: Intervention with High Risk Groups	02/89	0	176,745	Ongoing
	Expanded Intervention	10/91	5,700	200,000	Planned
	Sentinel Surveillance Technical Assistance	10/88	0	73,000	Ongoing
	Blood Screening Resource Needs Assessment	02/90	67,000	67,000	Ongoing
	Health Care Finance Modeling	11/89	11,000	18,000	Ongoing
	CSW Cost Recovery	04/91	0	0	Cancelled
	Private Sector Initiative	06/90	0	12,500	Planned
	Theatrical Presentations	05/91	55,025	0	Ongoing
	Training Health Care Providers	05/90	0	44,300	Planned
	Training PLUS Volunteers	11/91	0	56,000	Planned
	Blood Pooling	02/90	4,828	65,000	Complete
	Laboratory Technical Assistance	01/90	0	70,400	Ongoing
	Provision of Other Equipment and Supplies	01/90	0	40,000	Ongoing
	Rental of Condom Storage	11/88	0	108,418	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	Resident Coordinator	02/90	0	85,000	Ongoing
	AIDS Education Program (IDD1)	12/91	0	43,500	Planned
Eastern Caribbean	Needs Assessment/ Project Development	01/88	25,787	0	Complete
	International AIDS Conference Participation	06/88	25,746	0	Complete
	Program Support	01/89	43,000	0	Complete
	Technical Assistance	01/89	0	174,000	Ongoing
	Condom Promotion	10/90	0	50,000	Ongoing
	Cost Recovery for Blood Screening Program: Trinidad	02/90	7,164	60,000	Complete
	General Population KABP Surveys	08/89	0	70,000	Ongoing
	HIV/STD Surveillance Workshops	11/89	0	11,039	Complete
	STD Services Upgrading	10/89	0	30,000	Ongoing
	Intervention with High Risk Groups: Trinidad	09/90	37,000	143,000	Ongoing
	Evaluation of Pooled Blood: Trinidad	05/90	0	55,000	Ongoing
Cost-Effective Treatment: Barbados	11/90	0	41,700	Ongoing	
Interventions with High Risk Groups: St. Lucia	10/89	70,600	109,000	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
Eastern Caribbean	Intervention with High Risk Groups: Antigua	10/89	35,000	46,000	Ongoing
	Intervention with High Risk Groups: Barbados	06/91	0	94,700	Ongoing
	PROJECT HOPE: AIDS Education Program	12/88	98,700	0	Ongoing
	STD/AIDS Small Grants Program	11/89	0	68,000	Ongoing
	STD/AIDS Prevention Workshop	11/91	0	29,700	Complete
	Modeling	11/91	0	83,000	Planned
	Management Technical Assistance	11/91	0	138,000	Planned
Ecuador	Needs Assessment	01/88	7,535	0	Complete
	International AIDS Conference Participation	06/88	11,036	5,897	Complete
	Program Support	09/88	5,400	0	Ongoing
	Sentinel Surveillance Technical Assistance	04/88	0	7,139	Complete
	Mexico Observation Visits	02/90	0	10,000	Complete
	Intervention with High Risk Groups	04/91	0	23,700	Planned
	Laboratory Technical Assistance	01/89	2,846	27,109	Ongoing
	Training Health Care Providers	03/89	0	10,000	Complete
Evaluation of Screening Pooled Blood	10/89	24,804	2,000	Complete	

**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	Complete
	International AIDS Conference Participation	06/88	8,860	0	Complete
	Laboratory Technical Assistance and Training	07/88	82,741	0	Complete
	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	5,900	34,400	Ongoing
	Establishment of STD Clinic	06/90	71,400	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	113,000	0	Ongoing

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Haiti	International AIDS Conference Participation	06/88	29,647	0	Complete
	Needs Assessment	11/88	15,564	0	Ongoing
	Technical Assistance	10/89	100,800	201,000	Ongoing
	Resident Coordinator	10/89	121,000	251,000	Ongoing
	IMPACT: Intervention with High Risk Groups	05/89	116,220	259,000	Ongoing
	CDS: Intervention with High Risk Groups	06/89	60,000	38,000	Ongoing
	AIDS Modeling	10/89	40,000	57,600	Ongoing
	STD Clinic AIDS Education	01/90	45,953	0	Ongoing
	Sentinel Surveillance and Counseling	06/91	0	203,000	Ongoing
	AIDS in the Workplace	08/90	47,000	198,788	Ongoing
	Condom Storage/ Distribution	04/90	18,214	0	Complete
	Culture, Health and Sexuality	11/90	284,999	0	Ongoing
	Video	04/91	0	18,000	Complete
	Condom Social Marketing	08/91	0	576,100	Ongoing

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Honduras	Needs Assessment	01/89	7,682	0	Complete
	International AIDS Conference Participation	06/89	2,995	0	Complete
Jamaica	Needs Assessment/ Project Development	01/88	3,678	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	329,565	0	Ongoing
	Pilot Program Indicators	10/91	66,000	0	Ongoing
Mexico	Needs Assessment/ Project Development	01/88	10,771	0	Complete
	International AIDS Conference Participation	06/88	30,440	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	70,816	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	0	30,774	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	14,636	0	Complete
	Needs Assessment	01/89	6,126	0	Complete
	Video	08/91	0	9,000	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	270,833	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	1,500	0	Ongoing
Oman	International AIDS Conference Participation	06/89	4,055	0	Complete

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

Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Pakistan	Needs Assessment	01/89	8,819	0	Complete
Philippines	Needs Assessment/ Project Development	02/88	41,100	0	Complete
	International AIDS Conference Participation	06/88	22,124	7,899	Complete
	Program Support	07/88	46,000	170,000	Ongoing
	Intervention with High Risk Groups in Manila	01/89	282,800	0	Complete
	Intervention in Olongapo/ Angeles City	11/89	214,600	156,500	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	75,369	Complete
	Blood Screening: Needs Assessment & Surveillance	01/90	6,000	153,258	Complete
	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**

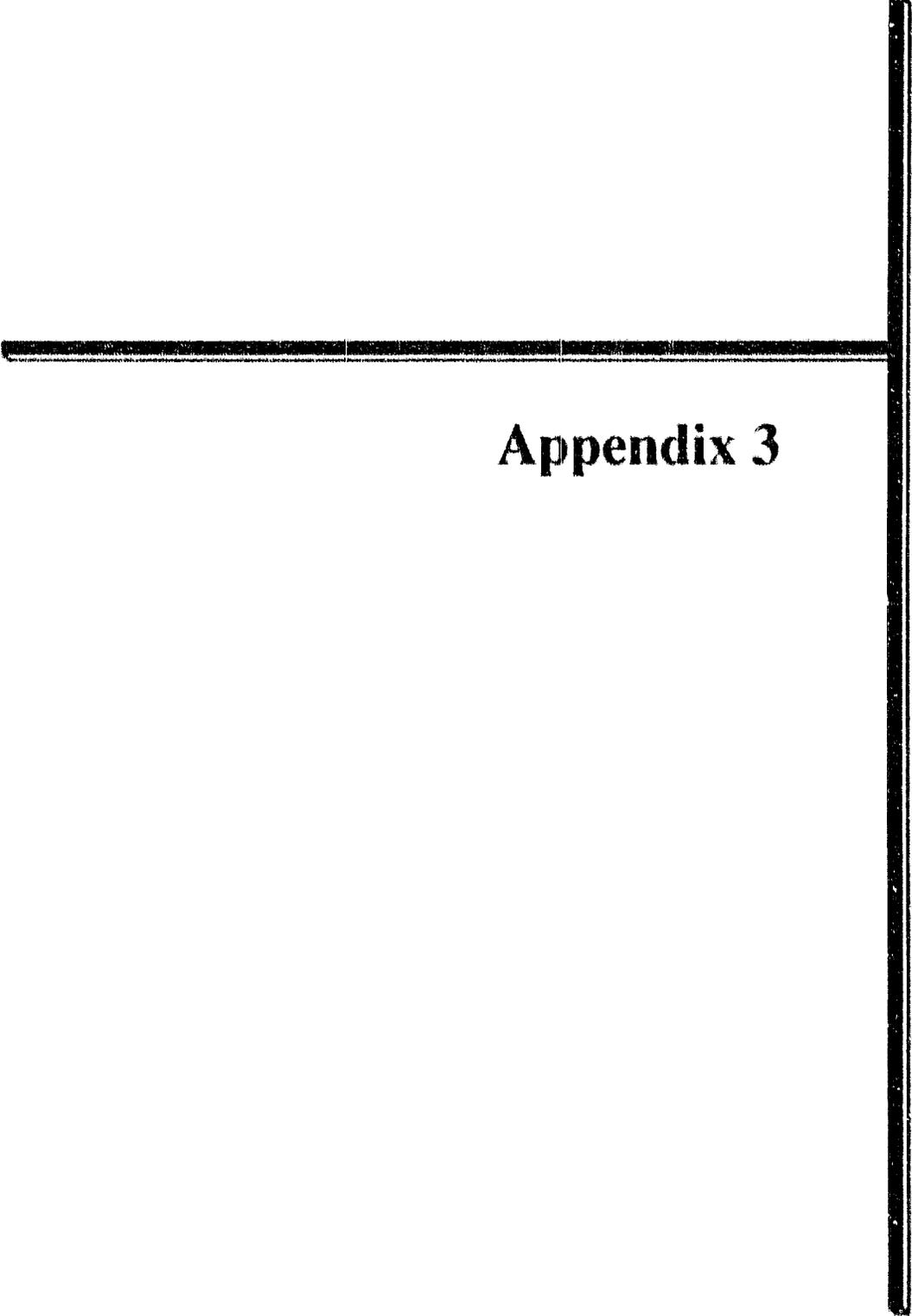
Region/ Country	Project	Initiation Date	Core Funding	Add-On Funding	Status
Sri Lanka	National Plan Review	02/88	1,096	0	Complete
	International AIDS Conference Participation	06/88	10,218	0	Complete
	FPA: AIDS Education Program	05/89	34,260	0	Complete
Thailand	Needs Assessment Program Development	02/88	36,971	0	Complete
	International AIDS Conference Participation	06/88	21,610	2,504	Complete
	Resident Coordinator	04/90	63,600	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	155,000	0	Ongoing
	PDA: Taxi-Based Intervention	08/89	70,200	0	Ongoing
	AIDS Education in Institutions	11/90	52,500	0	Ongoing
	Counseling/IEC Training	05/91	141,000	0	Ongoing
	Condom Logistics Workshop	08/90	45,900	0	Ongoing
Operation Research Small Grants Program	08/90	76,000	46,700	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	26,600	0	Ongoing
	Behavioral Research for AIDS Prevention	11/90	77,456	0	Ongoing
	Evaluation of Mass Media Campaign	06/91	34,900	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

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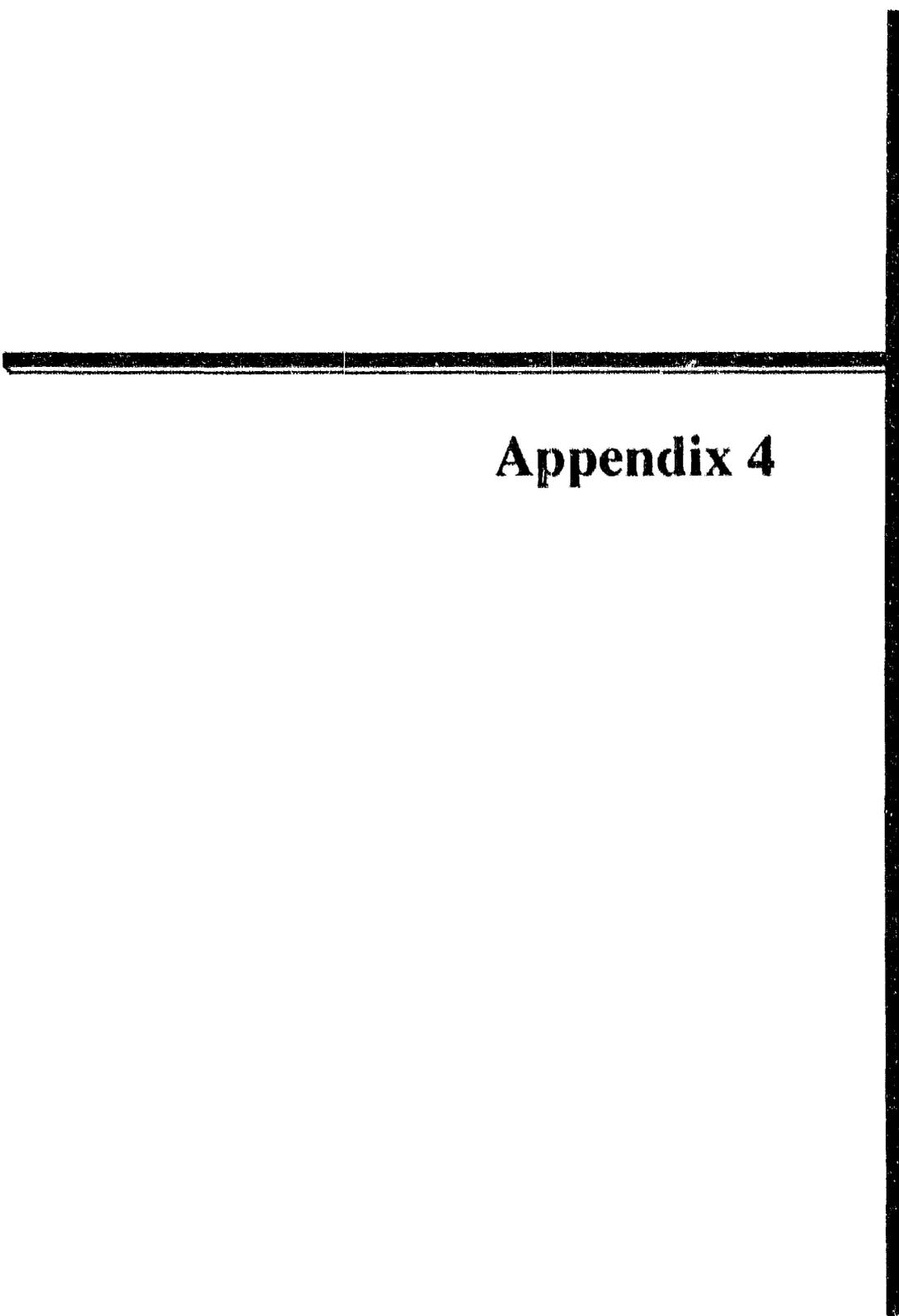
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Appendix 4

AID/DPE-5972-A-00-7057-00
EXPENDITURES BY TYPE
1 April 1991 - 30 September 1991

Salaries and Fringe Benefits	\$ 1,054,298
Service Centers	21,277
Consultant and Professional Fees	137,065
Contracted Labor	240,824
Travel-Domestic	98,090
Travel-Foreign	702,458
Supplies - Office	37,613
Supplies - Medical	29,749
Office Rent, Telephone, Postage	37,093
Printing, Publications, Subscriptions	104,609
Office Equipment, Medical Equipment, Equipment Rental, Maintenance, Depreciation	75,488
Freight	29,341
Subagreements	2,215,831
Dues and Registration Fees	18,028
Other Purchased Services	124,911
Other Expenses, Key punching, and Bank Service Charges	110,732
General and Administrative Costs	1,461,362
Total	\$ 6,498,769

AIDSTECH EXPENDITURES BY ACTIVITY AND COUNTRY

Activity/Country	Core Expenses	Add-On Expenses	Total
CORE SUPPORT			
Management/Support Services	403,400		403,400
AIDS Report	84,918		84,918
Washington Office	190,422		190,422
General/Regional Conferences	98,562		98,562
International AIDS Conference	107,980		107,980
International Training Program	76,078		76,078
Task Force	97,704		97,704
Other	28,013		28,013
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Subtotal	1,087,097		1,087,097
PROGRAM DEVELOPMENT			
Sexual Transmission	59,937		59,937
Blood	68,919		68,919
Surveillance	23,541		23,541
BCF	62,392		62,392
Condom Logistics	13,705		13,705
IEC	528		528
Training	70,520		70,520
Operations Research	59,592		59,592
Research Fellows	97,868		97,868
Behavior Research Grants Award	53,147		53,147
Information Dissemination	196,722		196,722
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Subtotal	706,871		706,871
ASIA/NEAR EAST EXPENDITURES			
Regional	19,861	0	19,861
India	5,296	0	5,296
Indonesia	40,891	0	40,891
Morocco	21,843	0	21,843
Philippines	32,637	93,601	126,238
Sri Lanka	1,044	0	1,044
Thailand	204,615	20,375	224,990
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Subtotal	326,187	113,976	440,163

Activity/Country	Core Expenses	Add-On Expenses	Total
AFRICA EXPENDITURES			
Regional	342,260	12,691	354,951
Botswana	58,054	0	58,054
Burkina Faso	88,614	394,338	482,952
Burundi	33,232	31,574	64,806
Cameroon	162,380	117,361	279,741
Central African Republic	12,725	0	12,725
Cote d' Ivoire	192	0	192
Ghana	72,601	52,640	125,241
Kenya	69,653	182,287	251,940
Malawi	20,113	23,634	43,747
Mali	28,935	7,537	36,473
Niger	51,817	43,224	95,041
Nigeria	79,339	0	79,339
Senegal	0	385	385
Tanzania	31,104	87,196	118,300
Uganda	59,547	0	59,547
Zaire	122,106	12,546	134,652
Zimbabwe	154,370	64,413	218,783
Subtotal	1,387,043	1,029,826	2,416,869
LATIN AMERICA/ CARIBBEAN EXPENDITURES			
Regional	3,415	2,151	5,565
Bolivia	3,872	2,768	6,640
Brazil	35,603	131,986	167,589
Chile	51,023	0	51,023
Costa Rica	22,298	0	22,298
Dominican Republic	25,153	166,545	191,698
Eastern Caribbean	59,725	211,850	271,575
Ecuador	8,178	9,613	17,791
El Salvador	24,623	12,649	37,272
Guatemala	24,663	0	24,663
Haiti	93,432	500,827	594,259
Jamaica	50,450	0	50,450
Mexico	166,624	0	166,624
Peru	14,664	0	14,664
Subtotal	583,723	1,038,389	1,622,111
International Modeling Projects	225,658	0	225,658
Total	4,316,579	2,182,191	6,498,769