Category	Region	Author	Year of Intervention	Country	Primary Intervention	Study Design
Community mobilization	Asia	Elkins D, Maticka-Tyndale E, Kuyyakanond T, Miller P, Haswell-	1991-1992 baseline, 1994 intervention	Thailand	community-wide HIV/AIDS education via posters and mini-dramas broadcast by	quasi-experimental
Community mobilization	Africa	Kagimu et al.	1992-1994	Uganda	community-wide HIV education; condom promotion (faith based)	RCS-C
Community mobilization	LAC	Pauw et al.	1991-1992	Nicaragua	community-wide HIV education; condom promotion	RCS-C
Community mobilization	Africa	Quigley MA, Kamali A, Kinsman J, Kamulegeya I, Nakiyingi-Miiro J,	1994-2000	Uganda	community-wide HIV/AIDS education, social marketing of condoms and	RCT
Community mobilization	Asia	Sun X, Young W, Choie KH, Lurie P, Mandel J	1996-1997	China	community-wide HIV/AIDS education and condom distribution	quasi-experimental
Community mobilization	Africa	Williams BG, Taljaard D, Campbell CM, Gouws E, Ndhlovu L, Van Dam J,	1998-2000	South Africa	peer education, condom distribution, management of STI, and presumptive	cross-sectional
Condom distribution/promotion	LAC	Antunes et al.	1994	Brazil	targeted condom promotion; HIV education; school-based education	RCT

Condom distribution/promotion	Asia	Bhatia V, Swami HM, Parashar A, Justin TR		India	education on condon use, condom distribution	prospective cohort
Condom distribution/promotion	Asia	Celentano et al.	1993-1995	Thailand	targeted condom promotion; HIV education	PC-C
Condom distribution/promotion	Asia	Chan et al.	1995	Singapore	condom negotiation skills and promotion	prospective cohort
Condom distribution/promotion	LAC	de la Vega et al.	1988-1992	Mexico	condom distribution/health education	pre-/post-test intervention surveys (repeated cross
Condom distribution/promotion	Asia	Fontanet et al.	1994-1995	Thailand	female and male condom promotion	RCT
Condom distribution/promotion	Asia	Ford and Koetsawang		Thailand	condom promotion	pre-test/post test intervention, quasi-experiment
Condom distribution/promotion	Asia	Ford et al.	1994	Indonesia	condom sales and distribution; HIV education (for pimps and FSWs)	RCS-C
Condom distribution/promotion	LAC	Forsythe et al.	1991?	Mexico, Dominican Republic, Antigua	condom distribution/health education	cost-benefit

Condom distribution/promotion	LAC	Fox et al.	1988	Honduras	education and free condom distribution	prospective cohort
Condom distribution/promotion	Asia	Hanenberg et al.	1989-1993	Thailand	100% condom program	RCS-NC
Condom distribution/promotion	Africa	Kajubi, P, et al.	?	Uganda	Two communities were randomized by a toss of a coin to receive	quasi-experimental
Condom distribution/promotion	Asia	Mills et al.	1993-1996	Thailand	100% condom program	RCS-NC
Condom distribution/promotion	Asia	Nelson et al.	1991, 1993, 1995	Thailand	100% condom campaign	repeated cross sectional
Condom distribution/promotion	Africa	Ngugi et al.	1985-1986	Kenya	Tageted condom promotion	PC-C
Condom distribution/promotion	Africa	Opare et al.	1993	Ghana	education and condom promotion	prospective cohort
Condom distribution/promotion	LAC	Valdespino et al.	1988	Mexico	condom distribution/health education	quasi-experimental

Condom distribution/promotion	Asia	Wong et al.	1994-1996	Singapore	condom promotion	quasi-experimental
Condom distribution/promotion (female condom)	Africa	Marseille et al.	approx. 2000	South Africa	female condom (FC)	cost effectiveness
Condom promotion	Asia	Rojanapithayakorn and Hanenberg	1989-1994	Thailand	100% condom campaign	prospective cohort
Condom promotion/distribution	Africa	Feldblum et al.	1999?	Kenya	female condom distribution, education, and STI treatment	randomized community intervention trial - intervention vs. control
CONDOM SOCIAL MARKETING	Africa	Agha, S, et al.	1995-	Mozambique	Introduction of subsidized (1996/7 4pack cost USD .08) JeitO condoms,	cross-sectional/cluster
Condom social marketing	Africa	FHI	1993-1996	Cameroon	condom social marketing	cross-sectional
Condom social marketing	Africa	Kerrigan et al.	1997	Zimbabwe	condom social marketing	cross-sectional
Condom social marketing	Africa	Meekers	1996-1997	South Africa	social marketing	RCS-C

Condom social marketing	Africa	Meekers	1995-1997	South Africa	social marketing	RCS-NC
CONDOM SOCIAL MARKETING	Africa	Plautz A, et al.	2000-2003	Cameroon	Mass media and interpersonal communication to encourage youth to	cross-sectional
Condom social marketing	Africa	Van Rossem et al.	1996-1997	Cameroon	social marketing	RCS-C
CSW OUTREACH	Asia	Adhikary et al.	1997	Bangladesh	peer education/condom promotion	pre/post survey
CSW OUTREACH	Africa	Alary M, et al.	1993-1999	Benin	Dedicated F-CSW clinic for testing/treatment promoted by field workers during data	Three serial cross-sectional surveys
CSW OUTREACH	Africa	Asamoah-Adu et al.	1987-1988; 1991 (after 3 years of program relapse)	Ghana	peer education CSW/condom promotion	cross-sectional, pre-post survey
CSW OUTREACH	Asia	Basu I, Jana S, Rotheram-Borus MJ, Swendeman D, Lee, SJ, Newman P,		India	health clinic and STD information (control), health clinic, STD	RCT
CSW OUTREACH	Asia	Bhave et al.	1991-1993	India	condom distribution; HIV education	PC-C

CSW OUTREACH	Asia	Ford et al.	1998	Indonesia	peer education, condom distribution, STI services	clusters where peer educators worked vs. clusters where peer
CSW OUTREACH	Asia	Ford K, et al.	1997 - 2000	Bali	Educational sessions for sex workers, treatment for sex workers for sexually	cross-sectional
CSW OUTREACH	Asia	Gangopadhyay DN, Chanda M, Sarkar K, Niyogi SK, Chakraborty S, Saha MK,	1992-2003	India	peer education, condom distribution, provision of health services (intervention),	quasi-experimental
CSW OUTREACH	Africa	Ghys et al.	1994	Cote d'Ivoire	health education, condoms, and STI treatment	quasi-experimental (randomized)
CSW OUTREACH	LAC	Kerrigan, D, et al.	?	Dominican Republic	Participatory workshops, educational materials, emphasized collective	cross-sectional
CSW OUTREACH	Asia	Kumaramangalam L.		India	IE&C materials and use of male and female peer edcuators for CSWs; HIV/STI	pre-test/post test intervention (repeated cross-
CSW OUTREACH	Africa	Kumaranayake et al.	since 1992	Cameroon	peer education CSW	mathematical model to examine cost-effectiveness
CSW OUTREACH	Africa	Laga et al.	1988-1991	Zaire	STD screening and treatment; condom promotion	PC-NC

CSW OUTREACH	Africa	Larsen MM, Sartie MT, Musa T, Casey SE, Tommy J, Saldinger M	2001-2003	Sierra-Leone	community education, workshops on condom use and negotiation,	cross sectional
CSW OUTREACH	LAC	Levine et al.	1996	Bolivia	STD treatment; condom promotion	PC-NC
CSW OUTREACH	Asia	Liao SS, He QY, choi KH, Hudes ES, Liao JF, Wang XC, LIU M, Pan	1997-2000	China	outreach to sex workers: health education and condom distribution (phase 1),	cross-sectional
CSW OUTREACH	Asia	Ma, S, et al.	March 1998 - October 1999	China	At each visit information was collected on sexual behavior, condom use	prospective cohort
CSW OUTREACH	Africa	Matasha et al.	1991	Tanzania	STI management/health education	prospective cohort
CSW OUTREACH	Africa	Monny-Lobe et al.	1988	Cameroon	peer education	cross-sectional
CSW OUTREACH	Asia	Morisky and Tiglao		Philippines	peer education	quasi-experimental
CSW OUTREACH	Asia	Morisky et al.		Philippines	peer education	quasi-experimental

CSW OUTREACH	Africa	Moses et al.	1985-1988	Kenya	STI treatment/condom promotion	prospective/cost-effectiveness
CSW OUTREACH	Africa	Moses et al.	1999	Kenya	STI monthly azithromycin treatment/condom promotion	RCT
CSW OUTREACH	Africa	Ngugi et al.	1989-1993 Kenya; 1989-1992 - Zimbabwe	Kenya/Zimbabwe	peer education	prospective cohort
CSW OUTREACH	Africa	Ngugi et al.	1994/1998	Kenya	STI/HIV education/STI treatment/condom promotion	cross-sectional
CSW OUTREACH	Africa	Njagi et al.	1985	Kenya	STI treatment/peer education	prospective cohort
CSW OUTREACH	Asia	Sangamalla et al.	1997	India	peer education - CSW	repeated cross-sectional
CSW OUTREACH	Africa	Steen et al.	1996-1997	South Africa	STI screening and treatment; condom promotion	PC-NC of FSWs; RCS NC of miners
CSW OUTREACH	Asia	Suyetna, DN, et al.	May 2000 - January 2001	Indonesia	STD/HIV/AIDS education and free STD examination and treatment	cross sectional non-controlled

CSW OUTREACH	Asia	UNAIDS (Shakti Brothel)	1996-1999	Bangladesh	HIV counseling and testing; condom promotion; STI screening and treatment	prospective cohort (case study)
CSW OUTREACH	Asia	UNAIDS (Transex project)	1995 -1998	Papua New Guinea	behavioral change program; HIV counseling and testing; condom	prospective cohort (case study)
CSW OUTREACH	LAC	Uribe-Zuniga et al.	1997	Mexico	education/community organization	prospective cohort with control group
CSW OUTREACH	LAC	Welsh MJ, Puello E, Meade M, Kome S, Nutley T	1992-1993	Dominican Republic	peer education, condom distribution (implemented in La, Romana, and peer	quasi-experimental
CSW OUTREACH	Asia	Wong, ML,et al.	July 1995 - June 2002	Singapore	Condom promotion programme, educational talks on STI and HIV/AIDS,	"Interrupted time series design with a retrospective pre-test
CSW OUTREACH	Asia	World Health Organization Regional Office for the Western Pacific	Huangpi (Wuhan): June 2001, Danzhou (Hainan): August 2002, and Lixian	China	Condom distribution, and private/public/social marketing of condoms,	cross-sectional
CSW OUTREACH	Asia	World Health Organization Regional Office for the Western Pacific	March 2001	Myanmar	Condom distribution, and private/public/social marketing of condoms,	cross-sectional
IDU outreach	EE	Broadhead RS, Volkanevsky VL, Rydanova T, Ryabkova M, borch C,	2003-2004	Russia	peer outreach by current injection drug users, distribution of harm-reduction	quasi-experimental

IDU OUTREACH	Asia	Chatterjee et al.	1996	India	peer outreach/knowledge of bleach	repeated cross-sectional surveys
IDU OUTREACH	LAC	de Oliveira Cruz	1999-2002	Brazil	needle exchange programs (NEP)	CEA
IDU OUTREACH	LAC	Ferreira-Pinto and Ramos	1994	Mexico	education	prospective (pre-/post-survey and ethnographic interviews)
IDU OUTREACH	Asia	Kumar et al.	1995-1996	India	distribution of bleach and condoms; HIV/AIDS education.	PC-C
IDU OUTREACH	Asia	Le, YN	1998-1999	Vietnam	HIV/drug abuse prevention via peer educators, disposable	two cross-sectional assessment surveys (1998) (1999)
IDU OUTREACH	Asia	Lisam, K	November 1998 October 2000	India	Needle Syringe Exchange Programme, Drug Substitution Programme	cross sectional non-controlled
IDU OUTREACH	EE	Madray		Russia	peer education	pre/post interviews (cross-sectional)
IDU OUTREACH	Asia	Peak et al.	1991-1994	Nepal	distribution of sterile injecting equipment; education; and counseling	RCS-NC

IDU OUTREACH	LAC	Robles et al.	1995/1996	Puerto Rico	NEP	longitudinal follow-up
IDU OUTREACH	LAC	Robles et al.	1993	Puerto Rico	community intervention	experimental
IDU OUTREACH	Asia	Van Griensve, F, et al.	March 1999-August 2000	Thailand	Risk reduction counseling provided at every visit (every 6 months)	RCT
IDU OUTREACH	Asia	Vanichseni et al.	1989	Thailand	VCT	quasi-experimental
IDU OUTREACH	EE	Walker et al.	1997-1998	Belarus	cost analysis of needle exhange program	cost analysis
IDU OUTREACH	Asia	Wu Z, et al.		China	Extended hours for clinics and pharmacies and outreach teams of	cross-sectional
IDU OUTREACH	Asia	Wu, Z, et al.	May 1997-October 1998	China	Community planning of intervention, workshops and regular meetings	prospective cohort/longitudinal (control)
MASS MEDIA	Africa	Babalola, S	2003-2004	Cote D' Ivoire	TV, radio, cassettes, posters, leaflets on risk assessment and references	separate sample pre- and post intervention trial

Mass Media	Africa	Boulay, M.		Ghana	Mass media, including high profile launch event featuring the First Lady of Ghana; a	Cross-sectional?? ? "Baseline established by proxy using data
Mass Media	Africa	Fonseca-Becker, F.		Guinea	16 interactive rural radio shows, distribution of posters on different	RCT??? "Baseline established by proxy using data from DHS
Mass media	Africa	Goldstein	1999-2000	South Africa	TV, radio and print campaogn using soap opera-type shows	national survey to assess behavior change
Mass media	Africa	Keating J, Meekers D, Adewuyi A	2001-2004	Nigeria	educational printed materials, radio ads, youth outreach strategy called	cross sectional
Mass media	Asia	Sood S, Nambiar D	2002-2003	India	TV drama, TV youth show, TV ads, radio ads	quasi-experimental
MASS MEDIA	Africa	Tambashe, B. Oleko	data collected: April 1997 & March-April 2000; intervention: ongoing since	Burkina Faso	Condom distribution and sales along transportation routes, interpersonal	baseline and follow-up cross-sectional data collection
Mass media	Africa	Vaughan P, Rogers E, Singhal A, Swalehe R	1993-1998	Tanzania	radio soap opera: family planning, gender equity, HIV/AIDS (intervention),	quasi-experimental
MSM OUTREACH	EE	Amirkahanian YA, Kelly JA, Kabakchieva E, Kirsanova AV, Vassileva S, Takacs J,	2003-2004	Russia and Bulgaria	peer education	RCT

MSM OUTREACH	Asia	Haque AAH, et al.	October 2000 - March 2001	Bangladesh	Outreach activities, educational meetings, support groups, weekly	cross-sectional
MSM OUTREACH	Asia	Haque and Ahmed	1999	Bangladesh	peer educators, condom promotion, social support	prospective cohort
MSM OUTREACH	LAC	Mota et al.	1989-1994	Brazil	no intervention: risk behavior and behavioral change were assessed in response to	repeated cross sectional
MSM OUTREACH	Asia	Nagapp et al.	1999?	India	peer educators, condom promotion, IE&C materials	prospective cohort
MSM OUTREACH	Asia	Pradeep et al.	8/1994; 12/1995	India	peer educators, condom promotion, STI care	2 cross-sectional
MSM OUTREACH	Asia	Susai, M, et al.	Intervention: 1996 - on; Study: January 1999 - 2001.	India	Peer Influence STD care, counseling, condom promotion	cross-sectional
MSM OUTREACH	LAC	Zimmerman et al.	1996	Mexico	education and health educator training	prospective cohort
OUT OF SCHOOL YOUTH	Africa	Erulkar, AS, et al.	October 2000	South Africa	Youth centers with a variety of services including: peer education, clinics, sports	catchment area survey

OUT OF SCHOOL YOUTH	LAC	Pulerwitz, J, et al.		Brazil	Interventions: Group 1 (Mare): interactive group education with	quasi-experimental; cohort longitudinal; with control group
OUT OF SCHOOL YOUTH	Africa	Speizer, IS et al.	June 1997 - December 1998	Cameroon	Peer education program, "Entre Nous Jeunes" (ENJ), consisted of discussion	quasi-experimental
Out-of-school youth (Maybe peer-education?)	EE	Kelly JA, Amirkhanian YA, Kabakchieva E, Vassileva S, McAuliffe	2003-2005	Bulgaria	peer-education	RCT
PEER EDU (non-youth)	Asia	Morisky DE, And A, Coly A, Tiglao TV		Philippines	peer education	quasi-experimental
PEER EDU (non-youth)	Africa	Norr KF, Norr JL, McElmurry BJ, Tlou S, Moeti MR		Botswana	peer education: knowledge about STIs and AIDS, condom skills (intervention,	quasi-experimental
PEER EDU. (non youth)	Asia	Arunachalam, S	1996-1999	India	Peer Educator lead STD/HIV/AIDS prevention through interactions,	cross-sectional
Peer education	Asia	Begum et al.		Bangladesh	peer education/condom promotion	pre/post survey
Peer education	Asia	Dewa WN, et al.	1 June 1999 - 31 January 2000	Indonesia	educational meetings, condom distribution, leaflets, medical	cross-sectional non-controlled

Peer education	Africa	Dube et al.		6 Southern African countries	peer education	pre/post intervention surveys
Peer education	Asia	Gadgil and Patkar	1993	India	STI/HIV education and peer education	prospective cohort
Peer education	Africa	Kathuria et al.	1993-1997	Zambia	peer education, condom distribution, STD services	quasi-experimental
Peer education	Africa	Leonard et al.	1995-1997	Senegal	peer education on HIV/STDs	longitudinal follow-up (matched pair for men)
Peer education	Africa	Mireego et al.	6/1993;6/1994	Uganda	peer education program	longitudinal panel study
Peer education	LAC	Peterson et al.	1991-1993	Brazil	STD/AIDS prevention/primary health education	repeated cross sectional
Peer education	Africa	Van Dam et al.	1998/1999	South Africa	peer education, condom distribution, STI services	cross-sectional pre/post quantitative surveys
Peer education	Africa	Wilson et al.	1991	Zimbabwe	STI/HIV peer education and condom distribution/promotion	prospective cohort

Peer education	LAC	Alterescu		Brazil	peer education/condom promotion	pre/post KAP survey
Peer education	LAC	Silva and de Moura		Brazil	peer education/condom promotion	pre/post interviews
Peer education	Asia	UNAIDS (Sonagachi Project)	1993-1994	India	HIV counseling and testing; condom promotion; STI screening and treatment	propsective cohort (case study)
Peer education	Asia	van Griensven et al.	1994	Thailand	peer education	cross sectional/longitudinal
Peer education	Asia	Visrutaratna et al.	1989-1990	Thailand	training for brothel owners and FSW peer education for condom promotion	cross-sectional/longitudinal
Peer education	Africa	Walden	1996	Malawi	peer education/condom distribution	prospective mixed method (methodological triangulatio
Peer education	Africa	Williams et al.	1989-1990	Nigeria	peer education CSW	pre/post survey
Peer education	Africa	Wynendaele et al.	1991	Malawi	peer education/condom distribution	prospective cohort - pilot study for W16 study

Peer education - heterosexual men	Asia	Morisky et al.	1999?	Philippines	peer education	crossover panel
Peer education (also condom promotion)	Africa	Laukamm-Josten et al.	1990-1993	Tanzania	peer education/condom promotion	repeated cross sectional
SCHOOL BASED PROGRAMS	Asia	Baker, S et al	?	Thailand	Eight two-hour school based sessions of HIV/AIDS education conducted	quasi-experimental, prospective cohort/longitudinal with
SCHOOL BASED PROGRAMS	Africa	Brieger WR, et al.	November 1994 April 1997	Ghana, Nigeria	Peer counseling, youth involvement in IEC material development,	quasi experimental (controlled) with cross sectional
SCHOOL BASED PROGRAMS	LAC	Eggleston, E, et al.	1995-1997	Jamaica	Lectures and question & answer sessions on reproductive anatomy and	quasi-experimental (control) with 3 surveys
SCHOOL BASED PROGRAMS	LAC	Murray, N, et al.	March 1994 - December 1996	Chile	Implementation of educational curriculum, including discussions on goals for the	quasi-experimental control
SCHOOL BASED PROGRAMS	Africa	Okonofua, FE, et al.		Nigeria	Community participation, peer education, public lectures, health clubs in schools, and	RTC
SCHOOL BASED PROGRAMS	Africa	Transitions	1999 - 2001	South Africa	Comprehensive life skills education program implemented by the Ministry	????? prospective cohort/longitudinal **?????**

School-based programs	Africa	Agha S, Van Rossem R.	2000-2001	Zambia	peer education on sexual health (control schools received water education,	quasi-experimental
School-based programs	Asia	Aplasca et al.	1992	Philippines	school-based AIDS prevention program	cluster-RCT
School-based programs	LAC	Caceres et al.	1990	Peru	short STD/AIDS program on knowledge, attitudes, and intended	quasi-experimental
School-based programs	Africa	Fawole et al.	1996	Nigeria	school-based education program	quasi-experimental
School-based programs	Africa	Fitzgerald et al.	1996	Namibia	face-to-face sex education	RT-C
School-based programs	Africa	Harvey et al.	1993/1994	South Africa	drama-based programs/education	randomized community trial
School-based programs	Africa	Kinsman	1996-1998	Uganda	AIDS education program	longitudinal - with a control group
School-based programs	Africa	Klepp et al.	1992-1993	Tanzania	School-based education	RCT

School-based programs	Africa	Magnani R, Macintrye K, Karim AM, Brown L, Hutchinson P, Kaufman C,	1999-2001	South Africa	life skills education (the program began nationally in 1998, with full implementation	cross-sectional
School-based programs	Africa	Makelele et al.	10/97;11/98;12/99	Zambia	IE&C	repeated cross sectional
School-based programs	LAC	Re et al.	1995	Argentina	sexual education	survey questionnaires
School-based programs	Africa	Shuey et al.	1994-1996	Uganda	primary school health and peer education program	repeated cross-sectional
School-based programs	Africa	Stanton et al.	1996-1997	Namibia	School-based education	RCT
School-based programs	Asia	Wang B, Hertog S, Meier A, Lou C, Gao E	2000-2002	China	sex education: written materials, videos, peer group discussions,	quasi-experimental
School-based programs	Africa	Watts et al.	1999	Cameroon	costing of school interventions on STI/HIV	cost analysis
School-based programs	LAC	Wedderburn et al.	1994 and 1996	Jamaica	school-based education program	cross-sectional

STI treatment	Asia	FHI	1993-1997	Nepal	AIDSCAP STI component: behavior change/STI treatment	repeated cross sectional?
STI treatment	Asia	Forsythe et al.	1995	Thailand	STI diagnosis and treatment services (non-HIV)	cost analysis
STI treatment	Africa	Harrison et al.	1996-1997	South Africa	health worker training in STI case management vs. routine syndromic	RCT
STI treatment	Asia	Holmes et al.	1967	Philippines	gonorrhea control program	prospective cohort
STI Treatment	Africa	Mpoudi et al.	1995	Cameroon	STI prevention through health talks and focus group discussions	repeated cross sectional
STI treatment	Africa	Wawer et al.	1994-1996	Uganda	STI treatment	RCT
VCT	Africa	Allen et al.	1988-1990	Rwanda	HIV counseling and testing for discordant couples; condom and spermicide	PC-NC
VCT	Africa	Allen et al.	1988-1990	Rwanda	HIV counseling and testing; condom and spermicide provision.	PC-C

VCT	Africa	Allen et al.	1988-1990	Rwanda	HIV counseling and testing for discordant couples; condom provision.	PC-NC
VCT	Africa	Allen, S, et al.	August 1994 - November 1998	Zambia	VCT consisted of free treatment for syphilis, condom skills training, and	prospective cohort/longitudinal **(control?)**
VCT	Asia	Bentley et al.	1993-1997	India	HIV counseling and testing; condom provision	PC-NC
VCT	LAC	da Silveira MF, dos Santos IS	2003-2004	Brazil	HIV and condom education, distribution of condoms	quasi-experimental
VCT	LAC	Deschamps et al.	1988-1992	Haiti	HIV counseling and testing for discordant couples; condom provision.	PC-NC
VCT	Africa	Farquhar C, Kiarie JN, Richardson BA, Kabura MN, John FN, Nduati RW,	2001-2003	Kenya	HiV counseling and testing	prospective cohort
VCT	LAC	Figueroa et al.	1988 -1996 (yearly surveys); serosurveillance	Jamaica	HIV/STD Control Program established late 1980s	cross-sectional
VCT	Africa	Gumisiriza et al.	1994	Uganda	VCT	cross-sectional

VCT	Africa	Jackson et al.	1997	Kenya	STI screening and treatment; condom promotion	PC-NC
VCT	Africa	Jones DL, Ross D, Weiss SM, Bhat G, Chatalu N		Zambia	sexual behavior skill training and condom distribution	quasi-experimental
VCT	Africa	Kamenga et al.	1988-1989	Zaire	HIV counseling and testing for discordant couples; condom provision.	PC-NC
VCT	Asia	Lwin, HH, et al.	January 2000 - January 2001	Myanmar	Intervention group: condom counseling sessions, condom negotiating	prospective cohort/longitudinal control
VCT	Africa	Machekano	3/1993-6/1995	Zimbabwe	VCT	prospective cohort
VCT	Africa	MacNeil et al.	1997	Tanzania	Individual counseling for newly diagnosed HIV+ persons	RCT
VCT	Asia	Muller et al.	1994	Thailand	VCT	controlled cross-sectional
VCT	Africa	Muller et al.	1990-1991	Uganda	VCT	longitudinal

VCT	Africa	Mutemi	1999?	Kenya	costs of scaling up VCT to a national level	economic analysis
VCT	Africa	Nyblade, L	1994-1998	Uganda	VCT, community health education, condom distribution,	RTC
VCT	Africa	O'Leary, A, et al.		Zimbabwe	Medical examination, pre-test counseling, HIV testing, face-to-face	prospective cohort/longitudinal
VCT	Africa	Pickering et al.	1989	The Gambia	HIV counseling and testing; condom provision.	PC-NC
VCT	Africa	Ryder et al.	1986-1990	Zaire	HIV counseling and testing for discordant couples; contraceptive provision.	PC-C
VCT	Africa	Simbayi LC, Kalichman SC, Skinner D, Jooste S, Cain D, Cherry C,	2003-2004	South Africa	HIV counseling (20 min info session-control, 60 min motivation speech and	quasi-experimental
VCT	Asia	Solomon SS, Solomon S, Masse BR, Srikrishnan AK, Beauchamp	2002-2003	India	HIV counseling and testing, peer counseling and condom distribution	prospective cohort
VCT	Africa	Sweat et al.	1995-1998	Kenya and Tanzania	voluntary counselling and testing for HIV-1	RCT

VCT	Africa	Sweat et al.	1995-1998	Tanzania/ Kenya	VCT	RCT
VCT	Africa	Temmerman et al.	1988-1989	Kenya	HIV counseling and testing; condom provision.	PC-C
VCT	Asia	UNAIDS	1993-1997	India	VCT/condom promotion	prospective cohort
VCT	Africa	UNAIDS	1992-1993 (VCT data); 1994-1997 (cost data)	Uganda	VCT	prospective cohort
VCT	Africa	Voluntary HIV-1 Counseling and Testing Efficacy Study Group	1995-1998	Kenya, Tanzania, and Trinidad	HIV counseling and testing	RCT
VCT	Africa	Wiktor SZ, Abouya L, Angoran H, McFarland J, Sassan-Morokro M,	1995-1996	Cote d'Ivoire	HIV counseling and testing	prospective cohort
VCT	Africa	Wilkins et al.	1988	The Gambia	counselling, testing, and condom distribution	longitudinal
VCT	Africa	Wilkinson et al.		South Africa	VCT as part of in-patient managment	prospective comparison of 2 testing strategies and economic

VCT	Africa	Worthington	since 1990	Uganda	VCT	cost analysis
VCT	Asia	Xu F, Kilmarx PH, Supawitkul S, Manopaiboon C, Yanpaisarn S,	1998-2000	Thailand	HIV prevention counseling	prospective cohort
Workplace programs	Africa	Assih	1996-1997	Togo	peer education and IE&C	pre/post survey
WORKPLACE PROGRAMS	Asia	Bao, VN, et al.	?	Vietnam	Peer Educators and Health Communicators were placed in two separate workplace HIV	cross-sectional non-controlled
Workplace programs	Africa	Hamelmann et al.	1995	Tanzania	3 HIV/AIDS intervention packages/peer health workers	prospective cohort
Workplace programs	LAC	Hearst et al.	1997	Brazil	fact-to-face contact, informational group meetings with port workers	prospective cohort (random sample)
Workplace programs	Africa	Hyde	2000	Zimbabwe /South Africa	HIV/AIDS workplace education and training including: peer education,	prospective cohort
Workplace programs	Africa	Katzenstein et al.		Zimbabwe	peer education to reduce HIV	RCT

WORKPLACE PROGRAMS	Africa	Mekonnen, Y, et al.	February 1997-December 1999	Ethiopia	Health education, HIV testing, and counseling were offered to all participants	prospective cohort/longitudinal
Workplace programs	Africa	Ng'weshemi et al.	1992-1995	Tanzania	peer education, STI treatment, condom distribution,	observational cohort
Workplace programs	LAC	Panebianco-Labbe	1994	Mexico	HIV testing	cost-benefit analysis
WORKPLACE PROGRAMS	Africa	Ruparel RJ	2001-2002 with WB funding continues as a BOG funded program	Ghana	Education that leads to increased awareness and eventually to behavior	cross sectional non-controlled
Workplace programs	Asia	Sakondhavat et al.	approx. 1997	Thailand	education intervention	pre/post survey (prospective)
Workplace programs	Asia	Wongsawat et al.		Thailand	peer education/HIV prevention education	repeated cross sectional (pre/post survey)

Sample Size	Population	Location	Months of Intervention
1079	all villagers (although women were principal target)	rural	20 min drama/5 days over village loudspeakers, 10
1,907 - baseline; 1,826 follow-up (1,260 - exposed	residents over the age of 15 years	urban and rural	24
2160	residents aged 15-45 years	urban	12
3394	all sexually active, initially sero-negative individuals with data on sexual behavior	rural	30-60min plays shown each month, followed by discussion. 1 round of
748	township adults 18-30 yeas old	semirural	10 day training for intervention providers. Over 12 months, 1-2
2231	mine workers, sex workers, community residents 15-59 years old	semi-urban gold mining complex	In 1999, 1500 meetings with 400,000 individuals. 1998-1999,
394	night-school students	urban	6

375	adult males	urban	
1669	male army conscripts	mixed urban and rural	15
128	CSWs	brothels	5 (GC incidence compared 5 months before and 5 months after
	CSWs	urban	48
548	FSW (71 establishments	urban	6
	FSWs	low and high-income sex establishments in Central Thailand	1
300- FSW; 300 clients	FSW/clients	urban	6
4 pilot projects	CSWs		10-year projections

134	CSWs	STI clinic	2.5
	FSWs and men	urban and rural	48
498; (297 = intervention community); (201 =	young men,18-30 years old, residing in the two communities	2 peri-urban areas of Kampala, Uganda	6
males - 4,876; females - 10,399. See Table 1 for 5	Several groups in Bangkok: FSWs; male attenders of STD clinics; female	urban	36
4311	21-year old male military conscripts	6 contiguous N. Thailand provinces	men inducted in May 1991, November 1991, May 1993,
366	FSWs	urban	12
30	CSWs		3
184	CSWs	urban	0.5

253	FSWs	brothels	24
1000	CSWs/simulation was extended to non-CSWs with as few as one casual	rural	12 (model reviewed outcomes for a per annum basis)
approx. 29,000 soldiers are inducted each May	21-year old male military conscripts; CSWs	data are from the sentinel surveillance system based on	included data from May and November from 1982-1989 and
intervention- 969; control-960	female employees(18-50 years) of tea, coffee, and flower plantations in	agricultural plantations that offer health care and family planning	12
5142	Urban and peri-urban men and women ages 15-49 from all 10 provinces	Mozambique (all 10 provinces)	18 and 6. 18 months for the initial 4 provinces (Maputo, Sofala,
	CSWs and others including military recruits, students, and	countrywide	approx. 36
1750	adult males (16-49 years) and females (16-44 years)	urban sales outlets of condoms	12
430	females aged 17-20 years	urban	12

1127	miners	rural	24
1,956 in 2000; 3,237 in 2002; 3,370 in 2003.	Unmarried youth ages 15-24	Cameroon - nation wide	48
1606	youth	urban	13
	CSWs	Faridpur brothel	6
1993 (n=374); 1995-1996 (n=365); 1998-1999 (n=591).	Female commercial sex workers	Cotonou, Benin	72
107 (pilot and expanded group)	CSWs	bars/street-based	6
200	CSW	urban	15
578	FSWs (541); madams (37)	Urban	12

189	peer educated CSWs		group ed every 2 months
1586 women	Female commercial sex workers in low-priced brothels	Denpasar, Bali, Indonesia	24
342	CSW (brother-based) 18 years or older	urban	
542-enrolled	CSWs	STI/HIV screening facility	17
418 female CSWs where surveyed and tested	Female CSWs at 68 sex establishments, 34 in Puerto Plata and 34 in Santo	Puerto Plata and Santo Domingo Dominican Republic	?
	male and female CSWs	rural communities	12
	CSWs		
531	initially HIV-uninfected FSWs	urban	36

201 CSW and 202 military surveyed at baseline,	female CSW aged 15-49 and military males 15-49	urban, conflict-situation	29 (project launch to post-intervention survey)
150	initially HIV-uninfected FSWs	urban	42
267 baseline ph 1, 228 post-interventio n ph 1,	all women working in "roadside restaurants"	rural	3 (phase 1) +1 to follow-up survey, 12 (phase 2 plus follow up survey)
966	sex workers	Guangzhou, China	19
70	CSWs	working places of CSWs	
125 (original total)	CSWs	urban	12
	female bar workers	bars - 4 sites in S. Philippines	36
1600	1,400 - CSWs; 200 - managers/sup ervisors	bars, nightclubs, dance halls, massage parlors, and karaoke	12

500	80% HIV-infected FSWs	health clinic/outreach	since 1985
253	HIV- FSWs	Nairobi	3-monthly follow-up visits (physical exams at 6-monthly
299 - Kenya; 705 - Zimbabwe	FSWs	urban	36-48
2,082-1994; 785-1998	FSWs	clinics	48
1860	sex workers	community/clinics	132
	CSW work sites	urban	
407	FSWs in mining town	rural	9
150	2274 clinic clients, who are clients of CSWs	Denpasar, Bali, Indonesia	9

4366 street-based workers; brothel-based	FSWs	Urban	36
516 -FSW; 926 clients; 20 pimps	FSWs; clients; pimps	urban	36
	CSWs	urban	four 2-hour workshops-intervention group; 2-hour sessions
71	CSW	semi-urban	7 months recruiting and training peer educators, although
2737 from 1995 - 2002; 1,986 enrolled from 1996	Currently working and newly recruited sex workers in Singapore	Singapore	84
Huangpi (Wuhan) 4-500, Danzhou (Hainan) 1270, and	Commercial Sexworkers	Huangpi (Wuhan), Danzhou (Hainan), and Lixian (Hunan)	Huangpi (Wuhan) 28 months, Danzhou (Hainan) 15 months, and
not reported	Commercial Sexworkers	4 pilot Townships including Tachileik in MYANMAR	~24
858	injection drug users	urban/industrial	over 18 months recruit educated by recruiter in community,

790	IDUs	urban	12
40,000 (projected)	IDUs	nationally	36
105	females (13-51 years) sex partners of male IDUs	urban	
400	IDUs	urban	18
1998: 452 IDUs; 1999: 330 IDUs	IDUs in 5 northern provinces of Vietnam	Hanoi, Hai phong, Thai nguyen, Lang son, Nghean	24
18000	IDU	Manipur, India	23
380	IDUs	project storefront	ongoing
424	IDUs	urban	36

2401	IDUs	San Juan: community-based drug treatment store front and a mobile	8
244	IDUs and crack users not-in-treatment	drawn from 64 copping areas	
2545	Injection drug users participating in the AIDSVAX B/E vaccine trial	Bangkok	17
601	IDUs	drug treatment programs	1
	IDUs		
baseline: 82 IDUs from detox center and 181 from communit	IDUs in Tiadong County	Tiandong County, Guangxi Province	
559 males in control villages; 748 males in interventio	Males age 15-49. (ethnic groups represented in population: Jingpo, Dai,	38 villages, 19 villages and 10 schools were the intervention	17
pre: 2,681; post: 2,232	Youth ages 15-24	Cote D' Ivoire	18

Pre/GYS: 1355 Post: 1161	15-24 year olds	Ghana	17
Pre: 417 Post/Intervention: 908 POST/Control: 100	15-24 year olds	Haute Guinea	12
2000	national adults	nationally	12
3279 answered project follow-on survey	all those sexually active in the campign area	urban and rural	36 (2002 baseline DHS survey, 2004 DHS survey, and project
7270 baseline, 9156, wave 1 survey, 8597	sexually sctive Noth Indians age 15+	urban (63%) and rural	10 (With surveys at baseline, 6 months and 12 months after
baseline: 764 truckers and assistants; follow-up:	Truck drivers and seasonal workers, as well as female CSWs, and women who	Transportation routes in Burkina Faso	36
5538 (avg. over country, and each year)	all those sexually active in the campign area	urban and rural	30 mins, 2x/week, for 4 years. Surveys every year for 5 years,
276 (including 55 females)	young MSM	urban	Leader training for40 hours over 3 months, and discussion

18470	MSM at 44 cruising locations	Dhaka, Sylhet, and Chittagong	6
7174	MSM	14 cruising locations	5
1989/90=503; 1993/94=300; between 1989-	MSM	Rio de Janeiro	60
6885	MSM	cruising areas in Chennai, India	12
125 (8/1994); 225 (12/1995)	MSM	cruising sites	15
350 Women CSW; 100 MSM, 50 Eunuchs	CSW, MSM, Eunuchs	Podicherry and Chennai Cities	24+
37-participants; 55-nonparticipants	gay men	urban community	8
1399 young people and their parents	people aged 12-24 and their parents in 7 of 12 catchment areas surrounding	South Africa	12 centers that have been open for varying lengths of time.

three groups with total of 780 young men	Young low-income men 14-25 yrs old (mean age 17)	Mare, Bangu, and Morro dos Macacos Brazil	12
Surveyed 402 adolescents in Nkongsamba and	Young people 10-25 in the towns of Nkongsamba (intervention area) and	Nkongsamba (intervention area) and Mbalmayo (control),	18
286	Roma men	Roma community	1 training/week for 5 weeks for leaders, then booster
3389	high-risk heterosexual males (clients of CSW): miliraty, fire and police,	southern Philippines	11 months of intervention, 33 total for baseline assessment,
403 pretest (261 intervention, 142 control),	working women	urban	six 90 minute weekly or bi-weekly sessions, survey 8-10
4000 peer educators, carried out 10120 interactions, 7500	truckers, helpers, highway CSWs, mechanics, motel workers,	Tamil Nadu, India	36
600	CSWs	brothels	16
175 surveyed; 1500 participated in group education	Bali taxi drivers	Bali	8

	communities	40 peer education projects (community based)	
	FSWs	brothels	2- intervention; 2 -follow-up
	men and women	social contexts conductive to casual sex	36
260 men; 45 FSWs	male transportation workers; FSWs	2 transportation parks	24
470 (83% of original 567 were interviewed again in June	randomly selected participants (15-40 years) from 30 villages	Rakai District	12
1991=125; 1993=92	CSWs	20 commercial sex areas in Rio de Janeiro	ongoing since 1991
2,000/survey	CSWs, miners, and general population of township	gold mining area	12?
149	male commercial fishermen	rural	7

	CSWs	5 Brazilian states	36
	CSWs/clients	urban	12
450	FSWs	urban	14
408 - intervention; 343 - control	CSWs	sex establishments (direct and indirect)	6
500	brothel clients	brothels	12
424 women; 347 truck drivers	CSWs/truck drivers	bars/trucking companies	
139 - prostitutes; 133 clients	CSWs and clients	hotel settings	12
242-baseline;116-follow-up	CSWs	bars	4

2718	heterosexual males (taxi drivers, factory workers, military and police	5 sites in S. Phillipines	10 (6 month intervention plus follow-up)
males: 1990-425; 1991-198; 1993-305; females: 1990-304;	male truck drivers and females working in bars and hotels at truck stops	7 truckstops along the TanZam Highway; 3 trucking companies	18-intensive phase; 24-maintenance phase
2450 students participated, 1786 participated in all 3	2/3 of students in study were female, all were attending teachers training	6 Colleges in Central Thailand, within 90km of Bangkok	2
3585	in-school youths and workers less than 25 years old in 9 locations in	Atebubu, Ghana; Owerri, Nigeria; Calabar, Nigeria;	18
945 (426 intervention and 519 control)	11 - 14 year olds in-school youths	Kingston, Jamaica	21
baseline: 423,859; 2nd round: 2247; 3rd round: 4162; final	School children grade 7-12 in 5 school 2 intervention and 3 control	Satiago, Chile	33
baseline: 1,896; follow-up: 1,858	14-20 year olds who attend schools	12 schools in Edo State, Nigeria	10
1999: 3,052; 2001: 2,222+ **OR** 955 surveyed	1999: all youth 14-22; 2001 all youth 14-24 including 2,222 of the 3052 interviewed in	KwaZulu Natal, Durban Metro and Mtunzini Magisterial	NA

416	male and female adolescents in grades 10 and 11	urban	one, 1.75 hour session and leaflet. Baseline survey 3
804	high school students	4 public high schools	2
1213	secondary school students	14 secondary schools, Lima, Peru	3
440 (223 - intervention; 217 - controls	secondary school students	secondary school	6
262- intervention; 253- delay-control	students in grade 9 or 11 between 15-18 years attending 1 of 10 secondary	10 secondary schools	6
1,080 - pre-intervention survey; 699 - post-interventio	high-school students	10 schools in five districts in KwaZulu	6
3500	students aged 12-16 years	primary/secondary schools	24
1063	sixth-grade students	urban and rural	12

3052 (1st wave of interviews), 4815 (2nd wave,	adolescents 15-24 in secondary school	urban and rural	variable (each student exposed to a different amount of
1997-964; 1998-905; 1999-396	males/females 6th & 7th grade students (10-18 years)	3 primary schools	26 months between baseline and second evaluation
859 (questionaires)	students 11-20 years	secondary schools - Buenos Aires	<12
Intervention -287 pre-intervention; 280 post-interventio	upper primary school students: average age 14 years	38 primary schools	24
515	students aged 15-18 years	mixed urban and rural	12
2227	adolescents aged 15-24	suburban	9 brochures, 4 books, three 40min videos for each participant.
	in-school youth	schools	
1994-556 (283 boys, 273 girls); 1996-561 (288 boys, 273 girls)	youth aged 12-14 years	secondary school	24

	CSWs/clients; women attending ANC	clinics in Terai	48
	STI female clinic attendees/CSWs	5 STI clinics/brothel	1
10	10 simulated patients at 10 clinics	STI clinics	15
average of 1,936 (May), 3,490 (June), and 1,996	FSWs/service men	medical clinics (FSWs)/urban Subic Bay naval base (service	10
pre-intervention - 161; post-intervention - 200	men (17-46 years)	STI clinics	6
12726	HIV-uninfected individuals	rural	20
1458	childbearing women	urban	24
1458	childbearing women	urban	24

53	cohabitating serodiscordant couples	urban	26
963 HIV discordant couples with a compariso n group	Couples were recruited from a same-day VCT center. Women <= 48 years & men	Lusaka, Zambia	12
1628	HIV-uninfected men	urban	24
340	HIV+ women attending clinic	urban	35 min consultation with doctor, 2 follow-up surveys at home
475	sero-discordant heterosexual couples	urban	27
2836 women enrolled, 2014 women accepted	women attending andante-natal clinic	urban	counseling pre-Hiv test, twice post-test, and 3 and 6 months post-
approx. 1,200/surv ey	ANC attenders, food service workers, STI clinic attenders,		96
	youth aged 15-19 years	urban/rural sites	

556	HIV-uninfected male employees of trucking company	urban	12
232	sexually active HIV+ women and their partners	urban	4 small group sessions. Surveyed at baseline, 6 and 12
149	discordant married couples	urban	15
intervention = 142 women; non-intervention (control)	married women in Myanmar	Mandalay family planning clinic Myanmar	12
2414	male factory workers	factories	15
154	newly diagnosed HIV+ persons	semi-urban	6
study/control groups (250 - male; 50 - female)	HIV+ clinic clients	Immune clinic (study); anonymous clinic (control)	2 (filling out questionnaire)
500 (250 HIV+ 250 HIV-)	male/female clients	public HIV testing and counseling center	12

	adults	health centers	
6096 sexually active participants; 2440 males;	8245 permanent residents aged 15-59	56 rural, secondary road communities	48
339 women were enrolled, 260 completed	Low-income female family planning clinic clients >18yrs old, sexually active, who are	Residential community in Harare, Zimbabwe	3.5
31	FSWs	urban and rural	5
238 HIV-infected; 315 uninfected	childbearing women	urban	36
228	male and female patients being seen at STI clinic for a repeat STI	urban	one 20 or 60 min session, with 1 and 3 month follow-up surveys.
500 (250 men and 250 women)	HIV-negative men and women attending VCT center or STD depattment	urban	3 one hour counseling sessions and surveys at baseline, 6 mos, and
1317	adults	free-standing clinics	36

costs estimated for 3,000 persons/site/year	clinic attendees	free-standing clinics	6
94 HIV-infected; 94 uninfected	childbearing women	urban	12
1628	HIV- men	2 public STD clinics	36
2505	AIC clients	AIC	6
3,120 - adults; 586 couples	adults	Urban	14
559	male and female patients with newly diagnosed TB (about half were HIV+)	urban	15 min counseling pre-HIV test, then again 2 and 4 months post-
31	asymptomatic seropositive patients	health centers and outpatient clinics	2
454	adult inpatients	rural hospital	

tested > 350,00 people since 1990		AIDS Information Centre (AIC)	
779	sero-negative women from family planning clinics and post-partum wards	urban	20-45 min counseling session at enrollment, and at 6 and 12 month
881	tailors/dressmakers	sewing workshops	approx. 12
?	highly mobile construction workers, mostly male.	Ho Chi Minh City	12
direct beneficiaries will be >30,000 employees	employees	16 companies	on-going
226	male port workers	port of Santos	
Brazilian company - 8,000; Zimbabwe 40 factories;	steel and factory workers	factories and companies in Brazil, Zimbabwe, and South Africa	12
2000	Factory workers	40 factories in Harare, Zimbabwe	

1124 males; female participant analysis was not	Factory workers 77.8% were>then 30, 80.1% were married	2 factories; one in Akaki and one in Wonji	24 for this study, however the program is planned to last 8-10
752	male factory workers	urban factory	24
		bank	12
2,600 staff and 10,000 dependents	Bank of Ghana (BOG) staff and their dependents country wide	Ghana	14
288 - post-test - intervention; 19 post-test - control	factory workers	factory in Khon Kaen	12
707 - baseline; 450 - follow-up	male laborers in factories	30 factories	6

Results

Post-intervention, the women surveryed were much more likely to talk to their husbands about condoms, ask their husbands not to visit CSW, and ask husband to use a condom with CSWs. However, frequency of condom use (always) for men increased only slightly from 16% to 18% with CSW and 2% to 3%with wife between baseline and post-intervention. most men were not in the villages during the intervention, as they are migrant laborers.
At follow-up, percentage of adults aged 15-44 years who had two or more sexual partners in the previous 12 months, was significantly lower in the intervention group than in the control group; percentage reporting "ever" used condoms was significantly higher among men (25% in intervention vs. 21% in control; p<0.001) and urban dwellers in intervention group (22% in intervention vs.18% in control; p< 0.001)
Condom use increased from 9% to 16% (p = 0.003) among women in intervention group and from 9% to 11% in the control group (p = 0.06), respectively.
There was a lower HIV incidence in those who reported attending at least one intervention activity in the past year. It was only statistically significant for women, with a RR of 0.41 and P=0.024. For men having attended an intervention in the last year the RR was 0.66 with P=0.42. However it is unclear why there was less incidence in those who attended an activity in the past year, given that condom use, the number of partners, and other behavioral indicators barely chaged over the course of the intervention.
HIV/AIDS knowledge was significantly improved in the experimental group by the end of the intervention. For examp,e, at baseline only 46% reported that using a condom is a good way to prevent HIV transmission, whereas 94% said so after the intervention. (the control group rose from 44% to 49%). Similarly, 59% of the experimental group at baseline reported that HIV ccan be transmitted from a blood transfusion, but 92% said so after the intervention (the control group went from 58% to 65%). Fianlly, at baseline, 5% of the experimental group
Condom use (always uses condoms with casual artner) increased between 1998 and 2000 from 14.7% to 35.6% in men and 17.8% to 24.9% in women. There was little change in carrying out an ongoing casual partnership. STI infection incrased between 1998 and 2000 across all groups. Knowledge about HIV and where to get condoms rose slightly.
No significant differences in sexual behavior of male students in intervention and control group; more female intervention students reported changing their sexual behavior to protected sex with nonmonogamous partners from baseline to post-intervention compared with control group (8 to 14 vs. 3 to 4 female students, respectively).

Overall condom usage rose from 31.73% to 60%. However, condom usage is not defined, nor is the duration of the study or the number of participants that were lost between pre- and post-intervention.
Incident sexually transmitted diseases were seven times less frequent among men assigned to the intervention than the combined controls (RR=0.15, 95% C.I. = 0.04-0.55), after adjusting for baseline risk factors ($p < 0.005$). There was no diffusion of the intervention to adjacent barracks. The intervention decreased incident HIV by 50% in the intervention group, although the difference with the control group was not significant. Men in the intervention group were two times less likely to visit CSWs. No difference was seen between
The intervention group showed an increased rate of condom negotiation (66.1% to 80.2%, $p=0.0001$) compared with the slight increase in the control group (3.2%, $p=0.0511$). Proportion of CSWs in the intervention group who reported always refusing sex without a condom rose (44.4% to 65.2%) compared to a decline in the control group (40.2% to 35.2%). Cumulative gonorrhea incidence in the intervention group declined significantly (10.5% to 2.4%), compared with the nonsignificant decline (19.7% to 12.3%) in the control
Pre-educational intervention 47% of CSWs reported that FEMAP (Mexican Federation of Private Health and Community Development Associations) was their main source of condom supplies, while post-test showed that 75% reported the same. Average condom use among sex workers pre-intervention was 5 protected acts/10 sex acts; post-test, showed an increase to 7.5 protected acts/10 sex acts. Among clients of sex workers, average condom use pre-intervention was 3.4 protected acts/10 sex acts; post-test showed an increase to
Condom use was high in both male/female condom group and male condom group (98% and 97% of all sexual acts, respectively [$p<0.05$]). Use of female condoms accounted for 12% of all condoms used in the group using both male and female condoms. Differences in mean incidence rates of STIs (24% reduction in the male/female condom group compared to the male only condom group) were not statistically significant between intervention and control sex establishments. Approximately, a 17% decrease in the proportion of unprotected
Consistency of condom use over a one-month period increased from 92% to 97% in the high income intervention group and from 66% to 86% in the low-income intervention settings, but showed no change among the low-income control sex workers.
Condom use with clients on day prior to interview increased from 18% to 75% and 29% to 62% ($p<0.01$) at two intervention sites and from 47% to 60% ($p<0.05$) at comparison site.
Annual costs of peer education program was US$17,000-$71,000; 50,000 -180,000 condoms were distributed yearly at each site reaching a target population of 170-1,600 CSWs. Discounted cost/primary and secondary HIV infection averted was $400-$1,000. Using conservative estimates of lifetime direct treatment costs (ignoring productivity losses), the benefit to cost ratio was 3.5 to 1 (assuming two secondary infections averted/primary infection averted) to 7.4 to 1 (assuming six secondary infections averted). If the indirect

There was a statistically significant increase in mean condom use from 64% to 70% of client contacts. Factors associated with increase use include low baseline condom use and higher client fee.
Between 1989 and 1993, the use of condoms in commercial sex increased from 14% to 94%, according to surveys of FSWs; the number of cases of the five major STIs declined by 79% in men. Number of new cases of five major STIs declined by 54% for women (prostitutes accounted for most female STI clinic visits)
One community received a condom promotion intervention with intensive workshops addressing three barriers to condom use. A comparison community received passively increased condom availability with a brief AIDS informational presentation, but was not provided with the condom skills workshops. Participation in the study consisted of completing two survey questionnaires in face-to-face, structured interviews at baseline and six months, redeeming condom coupons, and, for intervention subjects, participating in the
Among male factory workers, reported condom use during the most recent intercourse with a FSW increased significantly over time (90% in 1993 to 100% in 1996, $p < 0.05$); reports of the same among male STI clinic attendees also increased (64% in 1993 to 76% in 1996) while those among male vocational students remained high (over 90%); FSWs reported high consistent condom use levels with paying clients (> 95%) in four of the five surveys, producing no significant trend; among indirect sex workers and their clients, consistent
In the 1991 and 1993 cohorts, HIV infection prevalence was 10.4% to 12.5%. In 1995, it fell to 6.7% ($p<0.001$). The seroprevalence was only 0.7% among men who did not have sexual relations with a sex worker before 1992. Over the study period, the proportion of men who reported having sexual relations with a sex worker fell from 81.4% to 63.8% ($p<0.001$); from 1991 to 1995, the men's reported use of condoms during the most recent sexual contacts with sex workers increased from 61.0% to 92.5% ($p<0.001$); in 1995, 15.2% of men had a
Those who received individual and group counseling (group 1) increased occasional condom use from 10% to 80%; those with group counseling (group 2) increased from 9% to 70%; comparison group (group 3) increased from 7% to 58%; mean condom use was 39%, 35%, and 27%, respectively (group 1 vs. group 3, $p < 0.001$; group 2 vs. group 3, not statistically significant); condom use resulted in three-fold reduction of risk of HIV seroconversion ($p< 0.050$).
Initial survey showed only 10% of CSWs regularly used condoms; 3 months after discussions and education, 100% of the CSWs used condoms regularly.
Condom use in the preceding month increased from 39% 6 months before the intervention to 65% 1 month after the pretest to 96% in the postsurvey, of the proportion of CSWs who were aware that condoms can prevent sexually transmitted diseases.

At 5 months, the intervention group was almost twice as likely as controls to always refuse unprotected sex (adjusted RR=1.90; 95% C.I.= 1.22-2.94). Gonorrhea incidence declined by 77.1% in the intervention group compared with 37.6% in the control group. Consistent refusal of unprotected sex in the intervention group increased from 44.4% at baseline to 65.2% at 5 months (compared with a decline from 40.2% to 35.2% in the control group), 73.6% at 1 year, and 90.5% at 2 years.
Program would distribute 6,000 female condoms (FCs) annually at a cost of $4,200 and would avert 5.9 HIV, 38 syphilis, and 33 gonorrhea cases. Public sector health payer saves $12,090 averted HIV/AIDS treatment costs and $1,074 in averted syphilis and GC treatment costs for a net savings of $9,163. Program generates net savings of $5,421 if HIV prevalence in CSWs is 25% rather than 50.3% and savings of $3,591 if each CSW averages 10 rather than 25 partners/year. A program focusing on non-CSWs with only one partner
During 1989-1994, condom use in commercial sex increased from approx.14% to over 90% and during the same period STIs decreased by 86%.
STI prevalence averaged 25.6% at baseline,17.6% at 6 months, and 18.4% at 12 months for control sites; averaged 22.1% at baseline, 17.1% at 6 months, and 18.2% at 12 months for intervention sites. The average number of male condoms distributed by the clinics and outreach in the intervention sites increased to 400 per 100 adults/month and increased from 300 to over 500 per 100 adults/month (about 5 per person/month) at the control sites. Male condom use increased from 13% at baseline to 60% at 6 months and consistent use was 15-
Intensity of exposure to advertising and knowledge of a condom source are associated with higher levels of reported condom use during the last non-regular sex, even after adjusting for socio-demographic and other variables. Condom use is 20% among those exposed to less than two sources, 25% among those exposed to two sources, and 35% among those exposed to three or more sources of JeitO advertising. Condom use is 6% among those who do not know a condom source. Since adjusted percentages are not affected by
Proportion of CSWs who report having ever used a condom rose from 28.3% in 1988 to 88% in 1996; proportion of clients who report ever having used a condom rose from 55.5% in 1990 to 81% in 1996; consistent condom use by CSWs with non-regular clients increased from 52% in 1994 to 75% in 1996 and to 63% with regular clients. Proportion of CSW clients who report using condoms during their last sexual encounter with a non-regular partner increased from 54% in 1992 to 97% in 1996. Among female students, proportion reporting
Thirty-three percent of men and 21% of women reported STI/HIV prevention as a motivator for trying the female condom; 30% of men and 57% of women reported some difficulty with use (insertion, discomfort during sex, and excess lubrication); 13% of women use the female condom without their partner's knowledge. Approximately 25% of women and 15% of men had one of their partners opposed to female condom use; 15% of women and men reported always using the female condom; 27% of married women had never used a male condom
Among sexually experienced women, the adjusted probability of ever using condoms increased from 57% to 73% (p = 0.068) in the intervention group with no significant change in the control group; adjusted probability of using a condom during last intercourse increased from 38% to 53% (p = 0.084) in intervention group and from 12% to 27% (p = 0.03) in comparison group. The intervention did not have a significant impact on patterns of sexual behavior, including becoming sexually experienced before age 16 years.

Percentage who perceived they were likely to contract HIV increased from 33% in 1995 to 35% in 1997 ($p < 0.01$); percentage who had four or more partners in past year decreased from 25% to 13% ($p < 0.01$); percentage whose last sexual partner was spouse increased from 56% to 70% ($p < 0.01$); condom use in last intercourse with spouse increased from 18% to 26% ($p = 0.05$); condom use with other partners was higher (67%) but did not significantly change since baseline.
A comparison of trends over the 36-month study period shows that substantial positive changes occurred among youth. Results of dose response analyses indicate that some of these positive changes in condom use and predictors of use can be attributed to the 100% Jeune youth social marketing program. The program contributed to substantial increases in condom use, including consistent use with casual partners. The program sis not decreases the level of sexual activity or reduces the number of sexual partners, despite efforts to
Statistically significant reduction in onset of sexual activity before age 15 for men in intervention groups (29% to 20%; $p = 0.004$), but not statistically significantly different from trend in control group; statistically significant reduction in onset of sexual activity before age 15 for women in intervention group (10% to 4%; $p = 0.001$), which was statistically significantly different from trend in control group ($p < 0.000$); men in intervention more likely to be monogamous over time as compared with control group ($p = 0.001$); women reporting
Regular use of condoms increased from 3% in May 1997 to 13% in December 1997; there was a reduction in STI prevalence.
The mean percentage of condom use with clients in the week preceding the interview increased from 62.2% in 1993 to 80.7% in 1998-1999 ($P=0.0001$). The prevalence of all infections decreased significantly (all $P<0.02$; chi-square for trend) over time: HIV from 53.3% in 1993 to 40.6% in 1998-1999. Most women reported having at least one regular sexual partner at each survey, with a slight increase over time. Reported condom use with such partners was very low at each survey, but with the highest rate in 1993. However,
CSWs reported "always" condom use increased by 65% during 6 months of intervention (1988); condom use increased among 32% of the pilot group who had never used a condom; 71% (53/75) of women asked what action they had taken the last time a client refused a condom reported turning a client away; 17% reported having sex without a condom; 64% of CSWs followed up in 1991 reported "always" using condoms with clients. "Always" users were three times more likely to have maintained contact with project staff
Condom use (100% of the time, maintained between baseline and survey 3): increased among the intervention group from 32% to 53%, and decreased among the control group from 47% to 35%.
In intervention group, an increase in "always" using condoms from 3% to 28% ($p <0.001$, as compared with no change in the comparison group; increase in "sometimes" using condoms from 31% to 70% ($p < 0.001$) and from 36% to 53% ($p< 0.01$), respectively, in the two groups; HIV incidence (density per person-year) was 0.05 in intervention group vs. 0.16 in control group ($p = 0.002$). Following the intervention, 4% of CSWs claimed they would abandon their profession if HIV infected.

One month after peer education, only 50% of the peer educators were still working in the clusters where they were trained. In clusters where women continued to work, there were higher levels of AIDS knowledge ($p<0.05$), STD knowledge ($p<0.05$), and condom use (82% vs. 73%, $p=0.15$). The prevalence of Neisseria gonorrhea infection was lower in clusters with a peer educator (39% vs. 55%, $p=0.05$) than in clusters without a peer educator.
Behavioral surveys and STD testing were used to evaluate the program. Condom use increased from 69.9% at baseline to 75.4% ($p< 0.001$) at the end of the study period. The amount of time a woman spent in the complexes was strongly related to their AIDS/STD knowledge, use of condoms, and level of STD. Condom use increased from 65% at the first interview to 83% at the third or forth interview ($p< 0.01$). The linear model for condom use, study round did not have a significant effect upon condom use. Condom use was most
The percent of regular STD checkups was 83% for the intervention group, and oly 49% for control. Attendance at a clinic or hospital for treatment of STDs was 97% for the intervention group and 75% for control.
Of 542 women enrolled in the study, 225 (42%) had at least one outcome assessment. The HIV-1 seroincidence rate during the intervention study was significantly lower than before the study (6.5 versus 16.3 per 100 person-years; $p= 0.02$). During the study, the HIV-1 seroincidence rate was slightly lower in the intensive than in the basic strategy (5.3 versus 7.6 per 100 person-years; $p= 0.5$). There was a statistically significant increase in reported consistent condom use from 40% to 82% ($p<0.001$); there was, on average, a 59%
Consistent condom use (CCU) rose significantly in each city, albeit with different types of clients. CCU with new clients in the last month increased significantly among sex workers in Santo Domingo, from 75% to 94% ($p<. 001$). In Puerto Plata, where CCU with new clients was already high at 96%, the rate increased to 99%. Only in Puerto Plata did CCU rise significantly for regular paying and non-paying partners, from 13% to 29% ($p=. 001$); in Santo Domingo, CCU with regular partners rose only slightly from 15% to 18%. These
Awareness levels of HIV/AIDS increased from 6% to 60% and 4% to 50% among CSWs and clients in Salem and Tirunelveli, respectively. A total of 79,936 and 58,000 condoms were distributed in Salem and Tirunelveli. Estimated condom usage has increased from below 5% to 22% in Salem and 2% to 20% in Tirunelveli. Percentage of people seeking health services has increased in both places.
Annual cost of the CSW peer education project US$104,000; however, this reflected approx. 48% of the real resources used in the project. Key factors included the number of sex workers and the coverage of the intervention.
Decline in HIV seroconversion from 11.7/100 woman years to 4.4/100 woman years ($p = 0.003$); increase in regular condom use with clients from 11% to 52%, 62%,and 68%, at 12, 24, and 36 months, respectively; proportion of women who reported unprotected sex acts during the last week went up from 0% to 62%, 65%, and 84% at 12, 24, and 36 months, respectively. With the exception of chlamydial infection, ($p=0.21$), the incidence of other STIs declined significantly over the 3 years (all $p<0.01$, test for trend).

Condom use (at last sexual intercourse) rose from 38% and 39% of CSW and military respectively at baseline, to 68% for each post-intervention.HIV?AIDS knowledge incrased significantly, with those able to name three effective means of avoiding AIDS increasing from 5% to 70% among CSWs and 11% to 75% among military.
Self-reported condom use increased from 36% to 74% ($p < 0.001$); declines in prevalence of gonorrhea from 26% to 10% ($p < 0.001$); syphilis from 15% to 9% ($p = 0.003$), and GUD from 6% to 1% ($p = 0.03$).
Condom use (during most recent sexual encounter) rose from 50% at baseline to the last two post-intervention surveys. However, those answering the consecutive surveys are likely not the same individuals. Also, only 42% of women surveyed in phase 1 and 62% in phase 2 reported any familiarity with the outreach intervention.
The proportion of consistent condom use increased from the intake through the third follow up visit (from 30% to 81%), as well as the proportion of having good knowledge on HIV transmission (4.3% to 98.6%) and condom use (23.6% to 79.3%).
Prevalence of STIs at enrollment was 53% (genital discharge 58%, genital ulcers 16%, PID 23%, RPR+ 18%). None used condoms regularly. After the third follow-up approx. 60% of CSWs used condoms regularly and STI prevalence was 20%.
In January 1988, 20% of CSWs had never heard of condoms and 60% had never used them; proportion of CSWs that used condoms (at least 1/2 time) increased from 28% in January to 95% in July to 72% in December. Proportion of CSWs that would reduce or select clients increased from 28.8% in January to 39.2% in July to 42.5% in December.
Intervention communities had an average of 20% reduction in STIs compared to a 4% reduction in the control community.
Baseline interview results indicated significant predictions of condom use (OR =1.54); if client requested condom (OR=1.5); placing condom on partner (OR=1.7); and disagree that condoms make sex less enjoyable (OR=1.6).

Program of STI treatment and condom promotion has prevented between 6,000-10,000 new HIV cases/year among clients and client contacts. Total annual operating cost of the program is US$77,000 or between US$8-$12/case of HIV infection prevented, with 1% HIV transmission efficiency and 80% condom use. Annual operating costs include (US$): salaries=$17,100; training $10,000; rental of premises (in kind)=$7,300; lab tests=$10,000; clinic supplies and drugs=$17,400; condoms (in kind)+$13,000; transp./miscell. =$2,200.
At baseline, FSWs reported a mean of 14.7 sex partners/week, 33% never used condoms in the past month, and 19% always used condoms. At most recent follow-up visit, they reported a mean of 5.1 sex partners/week and 57% reported always using condoms in the past month; 29% reported no condom use in the past month; of these 31% reported no sex partner during that period. Incidence of gonorrhea, chlamydia, and syphilis were 5.25, 7.4%, and 3.8% respectively. Three women seroconverted to HIV-1 in approx 178 py of follow-up
Kenya: for 299 FSWs studied at both baseline and follow-up, frequency of condom use increased from 4.6% to 36.5% for "always", decreased from 24.2% to 20.4% for "sometimes", and decreased from 71.2% to 43.1% for "never" used a condom; proportion of FSWs who rejected a client who refused condoms increased from 42.1% to 60.5%. For a sample of women attending an ANC in the project cachment area, there was a decrease in prevalence of positive syphilis serology from 6.7% to 2.8% vs. nonproject area, which
Male willingness to use condoms increased more than 3-fold between 1994-1998; FSWs increased their condom use to 89%. There was a statistically significant increase in the proportion of FSWs who sought STI treatment from public clinics between 1994-1998 (45% to 62%).
From 1985-1996, no significant change in the reported number of sex partners/day (4.2 +/- 4.0). Proportion of women reporting always use of condoms increased from <1% in 1985 to >98% in 1996 ($p<0.0001$). The proportion of visits positive for gonorrhea decreased from 48% in 1985 to 12% in 1996 ($p<0.0001$); proportion of visits positive for chlamydia decreased from 15% in 1991 to 2% in 1996 ($p<0.001$). Annual incidence of HIV-1 decreased from 48% in 1985 to 17% in 1993-1996 ($p<0.0001$).
Marked decrease in STIs and HIV positives in the identified community (waiting for data); condom use increased and CSWs are rejecting their clients without condoms.
Reported condom use with all clients during the woman's last working day had a statistically significant increase: 2%, 7%, 28%, 33% for first, second, third, and fourth visits, respectively (p for trend < 0.0001); gonorrhea prevalence decreased: 17%, 8%, 8%, 5%, respectively (p for trend < 0.0001); chlamydia prevalence decreased: 14%, 4%, 3%, 1%, respectively (p for trend < 0.0001); prevalence of symptomatic ulcers decreased 6.4%, 1.5%. 1.25, 0.9%, respectively. Among miners, the prevalence of gonorrhea and/or chlamydia decreased from
The comparison of the follow up surveys and baseline data indicate improved knowledge of STDs and HIV/AIDS as well as increased in the use of condoms. Use of condoms with the last sex worker increase from 30.9% to 40.7% ($p<0.05$) and the proportion of respondents who always use condoms increased from 16% to 26% ($p<0.021$).

Clinics cost US$0.2/registered woman (US$1=10 taka); other treatments are free. Knowledge of the value of condoms rose from 36% to 87%. The intent to use condoms rose from 28% to 64% and the trial of a condom within the last 24 hours rose from 12% to 59%. Self-reported 'consistent' condom use rose from about 14% to 28% (consistency was interpreted as 50% or more of all intercourse with clients during the previous 24 hours). While the average age of those sampled remained about 22 to 23, the proportion under 18
Condom use had a statistically significant increase with commercial or casual partners from 41% to 62% ($p < 0.05$) between 1996 and 1998 among male clients. Consistent condom use did not change among any of the men. From 1996 to 1998, sex workers reported an increase in regular partners (64% up to 80% - Port Moresby and 57% to 68% - Lae) and levels of condom use (proportion of last week's acts covered) increased (36% to 48% - Port Moresby and 34% to 67% - Lae). Even consistent condom use increased significantly
Condom use increased from 62% to 71% in the intervention group; there were 0.5% IDUs in the intervention groups and 2.4% in the control. In the control group, syphilis decreased from 10.2% to 2.7%; gonorrhea decreased from 24.8% to 8.6%.
Condom use (last 4-5 coital acts) increased from 52.0% at baseline to 89.9% at 8 month survey for the target area of La Romana. It increased from 57.5% to 86.1% in San Pedro de Macoris. It increased from 46.5% to 61.0% in Guaymate, probably because it is a smaller city and was not visited as frequently by peer-educators.
Consistent condom use for vaginal sex increased significantly from <45% before 1995 (pre-intervention period) to 95.1% in 2002. Consistent oral condom use increased significantly from <50% before 1996 to 97.2% in 2002.
Huangpi (Wuhan): SW/CULS (Condom Use Last Sex): 10/014 - 60%, 10/02 - 88%; 09/03 - 94.5%, Danzhou (Hainan): SW/CULS: 09/02 - 17%, 11/03 - 65%, and Lixian (Hunan): SW/CULS: 07/02 - 7% 07/03 - 81%, 11/03 - 88%.
Tachileik (Myanmar) : SW/CULS: 2001 - 60%; 2002 - 70%; 2003 - 90%.
The percent sharing needles dropped from 34.8% to 9.6% between initial interview and 6-month follow-up in the intervention community, and fell from 29.4% to 6.1% in the control community. Risky sexual behavior (having sex without a condom more than 5 times in the lst 30 days) decreased from 44.3% at initial interview to 36.8% at six month follow-up for the intervention group, and decreased from 43.1% to 39.8% in the control group.

Increase in knowledge of bleach from 3% to 99%, in intention to use bleach from 25 to 79%, and in bleach use from 30.8% to 71.6% (p = 0.0001) in the first year.
For the period of 1999-2002, the National AIDS Program intends to allocate more than US$2 million for the implementation of NEP, which should reach 40,000 IDUs.
Fourteen percent of the participants decreased their condom use, 55% remained the same, and 31% increased their condom use.
Reduction from baseline to follow-up in needle use frequency (38% decrease in intervention group, 32% decrease in comparison group; p = 0.010), and needle sharing (47% reduction in intervention group, 35% decrease in comparison group; p = 0.01); no significant differences between groups in number of casual or commercial sex partners.
87.5% of drug users in the community have received information on HIV/drug abuse prevention from peer educators. The percentage of IDUs always using condoms has increased from 43.5% (1998) to 53.6% (1999); often using a condom increased from 29% (1998) to 45.5% (1999).
"The Needle Syringe Exchange Programme and Drug Substitution Programmes were started in November 1998 as a Government-approved programme with Government funding in collaboration with 14 NGOs covering a target of 18,000 injection drug users. There is 68% reduction in needle sharing. Many IDUs stopped using drugs altogether whereas many others stopped injecting. The sentinel surveillance data of October 2000 shows that the HIV seroprevalence rate among IDUs has come down from 80% in 1997 to 48% in 2000. Use of
Over 380 IDUs have been recruited to the storefront. Users in the project reduced their rates of needle sharing by 46%, a statistically significant reduction. Reductions in cooker and water sharing were reduced by 6% and 20%, respectively.
Reduction in the average number of injections per month from 24 to 17 (p< 0.001), the average number of times clients shared needles per month from 13 to 8 (p = 0.0003), and in the average number of people with whom needles are shared from 2.8 to 2.4 (not statistically significant); HIV prevalence remained low (1.6% in 1991 and 0% in 1994); seroincidence was zero per 100 person-years).

Subjects assessed during the program were half as likely to report syringe sharing than subjects assessed prior to the program. No statistically significant differences were observed in the shared use of cookers (OR=0.61, p<0.14) or the frequency of injection (OR=0.83, p<0.51). One percent of participants entered treatment in the first month, 12% in the third month, and 28.9% in the seventh month; 9.4% entered treatment over the length of the evaluation period.
Changes of more than 10% were observed in the enhanced intervention group in all risk and protective behaviors, except needle bleaching: unprotected vaginal sex decreased from 81.0% to 43.3% and from 83.3% to 77.8% in the enhanced and standard intervention groups, respectively; condom use increased from 27.6% to 46.7% and from 21.2% to 22.2%, in the enhanced and standard intervention groups, respectively.
Participants were 93.4% male, their median age was 26 year, and 67.2% had at least secondary education. At baseline, 61.3% were receiving methadone detoxification and 20.9% were receiving methadone maintenance. From baseline to the 12-month follow-up visit, injection drug use decreased from 93.8% to 66.5% (P<0.001) and needle sharing from 33.0% to 17.5% (P<0.001). Multivariate analyses showed earlier follow-up time (at baseline and 6 months) and believing the vaccine to be efficacious associated with more frequent
Of 601 IDUs, 56% had not been previously tested (NPT),15% had tested positive (PT+), and 29% tested negative (PT-). Of PT+ with regular partners, 56% reported using condoms at least some of the time compared with 28% of PT- and 20% of NPT people.
Total financial and economic costs were US$31,919 and $32,514, respectively; with free mass media services, economic costs are $155,363 and dominate the entire project cost. Financial and economic (with mass media) unit costs ranged from $0.16-$4.17/IE&C material distributed, $0.21-$6.25/disposable syringe distributed, $0.94-$8.99/condom distributed, and $1.47-$5.51/contact (costs expressed as 1998 US$).
The prevalence of sharing needles, sharing solutions, sharing of containers reduced from 60.59%, 62.69% and 61% before the intervention to 44.39%, 41.95%, and 23.53% after the intervention, respectively. The prevalence of non-marital sex was 80.91% before intervention and 19.61% after. It further compared drug users who had ever received needles from outreach teams to those who had never received a needle from an outreach team, the prevalence of sharing needles, solutions, and containers were 53.79%, 46.21%,
All men 15-49 were surveyed before and after the intervention/ non-intervention control. The incidence of ID use decreased in the intervention area from 3.47% to 1.88% and from 2.1% to 1.5% in the control area, a 2.7 fold greater decrease in incidence in the intervention villages than in the control villages. The attributable risk reduction was 0.99% for the intervention vs. control villages (P= .048). Major decreases were observed in the 15- 19-year age groups (attributable risk reduction=4.79%, P< .001; a 1.8-fold relative reduction),
Percentage of sexually experienced female respondents who reported consistant condom use during the last 12 months: Pre: 20% Post 22%; No exposure: 17%; Low exposure: 22%; High exposure: 26%. Percent of single females who perceived the self-efficacy to refuse sex with someone that gives gifts: Pre: 74% Post: 68%; No exposure: 56%; Low exposure: 72%; High exposure: 76%. Percent of sexually experienced females who perceived self-efficacy for constant condom use: Pre: 68% Post 68%; No exposure 58%;

Median age of first sex: Males: Pre: 20.7 Post: 19.9; No exposure: 19.6; Low exposure: 20.2; High exposure: 19.9 [Pre vs. Post NS; No vs. Low NS; No vs. High NS; Low vs. High NS] Females: Pre: 18.9 Post: 18.6; No exposure: 17.4; Low exposure: 19.1; High exposure: 18.8 [Pre vs. Post NS; No vs. Low NS; No vs. High NS; Low vs. High NS] Percentage of sexually active respondents having sex with more than one partner in the past 12 months: Males: Pre: 20% Post: 26%; Noexposure: 25%; Low exposure: 26%; High exposure: 25%
Percentage of youth who have ever had sex who have ever used a condom: Males Pre: 24%; I: 67% C: 41% [Pre vs. Post: NR; I vs. C: SIG] Females: Pre: 5%; I: 33% C: 8% [Pre vs. Post: NR; I vs. C: SIG] Percentage of youth who have ever had sex who used a condom at last sex: Males: Pre: 24%; I: 48% C: 24% [Pre vs. Post: NR; I vs. C: SIG] Females: Pre: 2%; I: 27% C: 3% [Pre vs. Post: NR; I vs. C: SIG]
Condom use was twice as high among those exposed to the Soul City messages as among those not exposed but having TV and/or radio
Condom use (at last sex). Program exposure had no effect.
Condom use (always): Of those who recall the media campaign messages, 9.9% always use condoms,. Of those who not recall campaign messages, 4% always use condoms.
Truckers who have heard the Roulez Protégé radio campaign are significantly more likely to intend to use condoms. None of the exposure or demographic variables is significantly associated with having used a condom at last sex with an occational partner. We tested for behavioral effects on other outcomes variables including number of occational partners, number of regular partners, and condom use at last sex with regular partners. Each of these models had larger sample sizes and showed nonsignificant impacts of the program variales.
Condom use (respondedts with more than 1 sexual partner "currently" using condoms): Increased between 1993 and 1995 in the intervention group from 6% to 13%, and between 1993 and 1997 from 15% to 13% in the control area. The number of sexual partners decreased in the intervention area from 2.3 in 1993 to 1.4 in 1997, and from 2.2 partners in 1993 to 1.3 in 1997 for the control group.
Mean percentage of condom use during intercourse was increased from 58.0 to 68.7 in the experimental group at 3 months follow up, but attenuated to 63.1 by the 12 month follow-up. The control group saw a decrease from 56.3 to 54.6 to 54.0 for the same indicator.

At the beginning of the Bandhu's program, an initial survey conducted by Naz Foundation, London UK, and financed by the Ford Foundation, revealed condom usage among MSM was low at only 6%. 62952 condoms were distributed during the period of the Bandhu outreach program and condom usage in particular cruising sites rose to 40-50%.
Percentage of MSM using condoms increased from 30% to 39% in some cruising sites, with 40,876 condoms distributed.
Significant behavioral changes were made by 40% of the sample in 1989/90 and by 63% in 1993/94. Unprotected anal intercourse was reported by 54% of the sample in 1989/90 and by 25% in 1993/94.
Condom use increased from 27% at baseline to 40% at the end of the first year of the intervention.
Percentage of men who reported having only oral sex at their last sexual encounter in the cruising areas increased from 17% to 57%; men reporting anal sex decreased from 78% to 38%; for men reporting anal sex in their last encounter, condom use increased from 52% to 65%.
Intervention Program was in effect for ~3 years, Study Survey conducted Jan. '99, follow up interview of 100 MSM 2 years later. "The study revealed that the intervention has significantly altered the sexual behaviors of MSM in at least three concrete grounds which are vulnerable to STD/HIV transmission. Significant changes were observed involving anal sex. The percentage of MSM practicing anal sex reduced from 83% to11%. At the same time non-penetrative sex with Eunuchs and oral sex increased from 43% to 61%. Practice
Participant's HIV/AIDS knowledge (mean score=13.1) was greater than nonparticipants (mean score=12.24), $p<0.05$. Participants reported fewer sexual partners in the previous month (n=2.87) compared with nonparticipants (n=5.05) in the previous month before time 1; however, participants increased their number of sexual partners (n=4.24) from time 1 to time 2 compared with nonparticipants (n=4.35). Participants increased their use of condoms in the last 10 sexual encounters from an overall sample mean of 6.73 to 7.75;
Just over half of youth centre visitors who had sex in the last three months and who used a condom - last obtained them from the youth centre and 36% obtained them from public hospitals or clinics. 32% of boys and 35% of girls had consistently used condoms during the last five acts of intercourse. Among boys, 60% of those who had ever been to the centre were currently using condoms compared to 59% who had been to the centre in the last three months. For girls, 30% of sexually experienced youth centre visitors were using condoms

In both intervention sites, condom use at last sex with a primary partner increased, with significant improvement seen in Bangu ($p < .05$). In Morro dos Macacos, no significant increase in condom use was found. In all three sites, there was no significant increase in condom use with casual partners. The percentage of sexually experienced informants at both intervention sites who reported having two or more partners over the last month also decreased slightly, but not significantly. In contrast, the percentage of sexually experienced
Both males and females from Nkongsamba, the intervention area, are statistically significantly less likely ever to have had sex than are males and females from Mbalmayo. Without controlling for demographic differences across the two samples at follow-up (for example, age, education, and religion), attributing these differences to the program is difficult, although they are suggestive of positive impacts of the ENJ program in Nkongsamba. Although the differences are not statistically significant because of the small
Unprotected intercourse (in the last three months) decreased In the intervention group from 81% at baseline to 71% at the twelve month follow-up. It increased for the control group, from 80% to 86%. this decrease was most pronounced for unprotected anal sex with casual partners, which was reduced from 42% and 38% in the intervention and control groups respectively at baseline, to 11% and 26% in those groups at the twelve month follow-up. Interestingly, although almost all men had female partners and described themselves as
Condom usage (used condom last time had sex) increased 10.6% to 18.7% in intervention group vs. 10.7% to 11.8% rise in control group. Knowledge about HIV/STI transmission increased 41.9% to 44.3% for the intervention group vs 42.0% to 42.4% rise in control group. In addition, the reported STI incidence decreased from 7.4% to 2.4% in the intervention group, compared to a reduction from 7.9% to 5.8% in the control group.
Comdom use (uses condoms always) increased from 20% to 40% in the intervention group vs. an increase of 18% to 34% in control group. Confidance on correct use of condome rose from 34% to 76% for intervention group and 1from 32% to 44% for control group. Note perceived personal risk dropped in both groups: from 26% to 17% intervention group and from 24% to 15% in control group.
Risk perception among the truckers has increased from 38% in 1996 to 65% in 1999. The proportion of truckers and helpers involved in casual sex has decreased from 16.4% to 10.4% and 8.5%. Average number of paid partners has decreased over a period of 4 years from 10.36% to 4.98%. The condom use with paid partners among truckers and helpers has increased from 55 to 66 to 75 to 80.
The knowledge, intent, trial, and practice of condom use have gone up from 36% to 87%, 28% to 64%, 12% to 59%, and 3% to 36%, respectively.
The proportion of respondents who always used a condom when they had sex with a sex worker significantly increased ($p<0.01$), from 21% at baseline to 30% after the intervention. Condom use at last sexual encounter with a sex worker also increased from 53% to 69%, but was not statistically significant.

Over 250 training activities and 5,000 hours field support have been provided to approx. 1,100 peer educators in six countries. The peer educators have held over 250,000 community education meetings, reaching 15 million people (including repeat participants) and distributed over 50 million condoms. Unit costs ranged from US$2-12/community meeting, US$0.05-0.5/person reached, and US$0.01-0.8/condom distributed. Coverage ranges from 35%-98%. Condom use in casual sex has increased from 22% to 66%. STI
Peer education did not prove feasible in the Kamathipura and Khetwadi areas of Bombay primarily because FSWs were not allowed to leave their own brothels and brothel keepers were not interested in the program.
In Lusaka, from 1993-1997, the project held 37,400 meetings, reached 417,095 men and 384,734 women, and distributed 2.74 million condoms. Service delivery unit costs (excluding donated condoms and opportunity costs) averaged US$4.2/meeting, $0.2/person reached, and $0.06/condom distributed. Syphilis seropositivity fell by 77% from 32% to 7.3%, in the first project site, George, by 47%, from 17.4% to 9.2% in the second project site, Matero, and by 58%, from 24% to 10%, in the third project site, Kanyama, despite a 40% growth in
Significant increases in men's HIV-related knowledge, previous use of condoms (30.5% to 53.5%, p<0.01) and consistent condoms use with regular sex partners (always - 52.1% vs. 87.5%) were documented as were significant declines in perceived barriers to condom use; proportion of men reporting consistent condom use with their regular nonmarital sex partner increased significantly (49.4% to 90.4%, p<0.01). Though men reported significantly fewer sexual encounters with casual and commercial partners at follow-up compared to baseline,
A statistically significant increase was found among those who ever used a condom from 8.1% at baseline to 27.5% at follow-up (p<0.001) and among those who used a condom at last sex from 26.4% at baseline to 61.6% at follow-up (p<0.001).
Consistent condom use with clients increased from 56.8% in 1991 to 73.4% in 1993; consistent condom use with steady partners remained low (11.9% in 1991; 11.1% in 1993).
Percentage of respondents claiming to "always use condoms" increased among miners (19.4% to 28%, p =0.007) and sex workers (70% to 78%, NS). Miners had more sex with a casual partner in the preceding 12 months in 1999 than in 1998 (67% vs. 52%) while fewer miners and fewer sex workers always used condoms with their last casual partner (18.4% to 9.8% and 59% to 30%, respectively). Fewer (33%) sex workers perceived themselves to be at risk for HIV infection in 1999 than in 1998 (36%).
Interviewees had been exposed to 2.9 community meetings and had 3.0 face-to-face peer education sessions; 96% had received condoms either at peer education meetings or from the peer educators; 50% of those who had attended no meetings, 56% of those who had attended 1-2 meetings, and 77% of those present at 3 or more meetings reported condom use with their last casual partner; condom use with the last casual partner increased from 46% before the intervention to 72% one year after the intervention. Overall, among all

In 20 cities, 10,120 meetings with 138,302 people were held; 348,624 condoms and 46,025 self-produced educational materials were distributed; condom use rose from 20% to 60% of all commercial sexual relations in 3 years.
Proportion of CSWs buying condoms from the peer educators rose from 24% to 60% and for clients rose from 24% to 48%.Their general knowledge about AIDS and STIs increased 15%; their specific knowledge on the forms of AIDS transmission rose 23%.
At the end of 1993, 14 months after the intervention was implemented, the proportion of new sex workers (in the trade less than one year) was considerably higher (22.6%) than at baseline (9.3%). The median number of clients the previous day was three. Group sex appeared to increase from 27.3% at baseline to 48.7%. The proportion of women reporting oral sex appeared to decrease from 74.4% (?) to 38.1%. It is possible that the questions were asked in different ways in each survey, causing this puzzling result. The percentage
Cross sectional: condom use (with all last 3 customers) increased from 68% to 77% in the intervention group and from 73% to 84% in the control; refusal of customers that would not use a condom increased from 41% to 47% in the intervention group and from 27% to 60% in the control. Average number of customers/day had a statistically significant decrease from 1.8 to 1.5 ($p<0.001$) in the intervention group but remained stable in the control (1.1). Longitudinal: condom use (with all last 3 customers) increased from 72% to 75% in the
Rate of condom use among 500 customers increased from 10-20% before program introduction to 80-94% following implementation. Proportion of women refusing to have sex without a condom increased from 42% before the intervention to 92% following the intervention and to 78% 1 year later. Economic savings to brothel owners amounted to US$200-250/month due to reduced STI care of their sex workers.
Seventy percent of all women reported that they had used a condom during the last sexual encounter compared with a NS increase from 67.5% at baseline. Post-intervention, among the three CSW groups (active peer educators, non-active, and average -no trained educator, but city health personnel made visits): use of condom with boyfriend during last sexual act active - 71.6%, non-active - 69.5%, average - 70.0; use of condom with paying partner in last week active -90.3%, non-active - 76.3%, average - 66.7% ($p<0.01$). Among truck
Among 102 CSWs surveyed, 66.7% stated that thy had used a condom during their most recent sexual intercourse; 99.5% of those using condoms took the initiative in suggesting use; 100% of CSWs using condoms supplied the condoms to their clients/partners; 12% increase of "always" using a condom among CSWs.
Correct condom use increased from 18.9% (40/212) to 50.9% (59/116); proportion of CSWs reporting have ever used condoms increased from 66.5% (161/242) to 100% (116/116).

Significant differential between the intervention and non-intervention group at time 2 (8 months) in attitudes toward condom use (75% high vs. 55% high, respectively, p=0.001), behavioral intention (82% vs. 74%, p=0.073),and consistent condom use behavior with casual partners (39% vs. 24%, p=0.01). Regression model identifies that attitudes toward condom use and behavioral intentions are significant predictors of consistent condom use (R2=0.281, p=0.028).
Among males, trends for self-reported condom use included an increase in ever used condoms from 56.1% to 73.7% from 1990-1991 with a decrease to 71.5% by 1993; an increase in condom use at least once in last five times with casual partner from 37.5% to 66.7% from 1990 -1991 and a decrease to 63.8% in 1993; an increase in use for once in last five times with regular partner from 27.3% to 53.6% from 1990-1991 and a decrease to 48.3% in 1993; an increase in condom use for always use last five times with casual partner
Data was collected via structured questionnaires using the audio-computer-assisted for self interview (ACASI) system. Data collected 3 times, at baseline, after intervention (or 4 months), and at 4 months after post intervention. Results: The program improved students' attitudes about condom use, particularly among females. Mean condom attitude scores among males in intervention group increased from 71.4 (out of 100) at T1 to 73.8 at T2 and then remained relatively stable at 73.1 at T3 (p<. 001). This indicates a sustained increase
The proportion of youth in the intervention group who reported use of a modern contraceptive method increased significantly from 47.2% of 309 at baseline to 55.6% of 315 at follow-up. Reports from control areas showed a slight decrease from 4% of 270 at baseline to 43.3% of 254 at follow-up.
Girl's reported use of contraception at 1st intercourse increased from 43% to 65%. It did not, however, have a significant impact on family planning attitudes or most attitudes pertaining to pregnancy; nor did it have an effect on adolescents' engaging in forced sexual intercourse. By the end of 8th grade (1997), 13% of girls and 75% of boys reported having sexual intercourse. The proportion of boys and girls reporting sexual experience were vastly different throughout the stu8dy period. The proportion of boys reporting sexual experience
Twenty five percent of boys in the control schools in round 1 as compared to 23.6% of boys in the control sites at round 4 report use of contraception the last time they had sex; 37% of boys in the experimental schools at round 1 reported use at last sex. And 37.6% reported use at last sex in round 4. 29.4% of girls in the control schools reported use of any birth control method at last sex, this percentage remained virtually unchanged at 29.2% in round 4, versus 38.2% of program girls reporting contraceptive use at last sex in round 1,
Youths in the intervention schools, compared to the control schools, reported statistically significant improvements in knowledge of STDs, condom use, partner awareness that the youth has a STD, and STD treatment-seeking behavior. Treatment by private physicians increased (OR=2.1, 95%; CI=1.1-4.0), and treatment by patent medicine dealers or pharmacists decreased (OR=0.44,95% CI=0.22-0.88). The reported prevalence of STD symptoms in the past 6 months was significantly reduced in the intervention compared to
Consistent condom use was operationally defined as youth who reported that they always used condoms with each of the last three sexual partners during the last three months. Significant increases between the 1999 and 2001 surveys are observed for all three indicators: condom use at first sex, consistent condom use, and use at last sex. With regard to condom use at first sex, the data indicate statistically significant increases for 10 to 12 percentage points for females, Africans, and younger youth. However rates of condom use

Condom use (used a condom with regular partner last time) *decreased* in the intervention group from 25.0% at baseline to 18.1% at the 2nd follow-up. The decrease in the control group was very small (36.5% to 33.0%). There was also a decrease in the percentage of those who had regular partners. the intervention group went from 20.2% at baseline to 8.6% at the 2nd follow-up, in comparison to a decrease from 33.3% to 29.5% inthe control group.
At baseline, 11% of students (20% males and 4% females) reported ever having had sexual intercourse (mean age 14 years). Among these, condom use was low (24%). After implementation of the AIDS prevention program, statistically significant effects favoring the intervention group were observed in knowledge and attitudes toward people with AIDS. While there was no statistically significant overall effect on intended preventive behavior, the program appeared to delay the students' intended onset of sexual activity.
Cost/educational program manual (teachers/students) was $2. Cost exclusive of research expenses was $3/student reached.
At post-test, intervention students exhibited greater knowledge about HIV/AIDS transmission and prevention ($p<0.05$). Intervention students were less likely to feel AIDS is a "white man's" disease and were more likely to be tolerant of people living with the disease ($p< 0.05$). After the intervention, the mean number of reported sexual partners among the experimental students significantly decreased from 1.51 to 1.06 and increased from 1.3 to 1.39 among the controls. A higher proportion of students in the experimental (29 [53.7%])
Knowledge increased significantly among intervention compared to control youth (88% vs. 82% correct response, $p< 0.0001$). Percentage of youth reporting frequent use of condoms (always/usually) increased from 61% at baseline to 77% at follow-up for intervention groups compared with 64% to 68% at follow-up for control groups. Percentage of sexually active males using condoms decreased from baseline to follow-up in both the intervention (87% to 79%) and control (68% to 67%) groups; percentage of sexually active females using
In schools receiving the drama program, improvements in behavior were demonstrated: in the drama (intervention) group, of students reporting sexual activity, condom nonuse decreased from 61.8% to 45%, students who had more than one different sexual partner in the last 3 months decreased from 58.0% to 54.9%, and the percentage of students treated for an STI decreased from 24.8% to 18.9%. For the booklet only (control) group, of students reporting sexual activity, condom nonuse increased from 54.9% to 58%, students who had
No statistically significant difference was shown between the intervention and control schools for any of the key variables examined relating to knowledge, attitudes, and intended behavior.
At follow-up, students at intervention sites reported significantly better scores regarding AIDS information, knowledge, and attitudes towards people with AIDS; students from intervention sites reported more restrictive attitudes regarding intentions to engage in sexual intercourse, but the difference between intervention and comparison sites was not statistically significant; there was a nonsignificant decrease in number reporting sexual debut during the previous year in the intervention group (7% vs.17%).

Of those interviewed in both waves, condom usage (always uses condoms) rose slightly from 31.5% to 36.1%. The change was greatest in the younger age group (14-18 years old) and among those of African race. Interestingly, condom usage decreased among those of Indian or other race.
In 1997,among 964 children, 30% had sex and 21% used condoms; in 1998, among 905 children, 16% had sex and 60% used condoms; in 1999, among 396 of the initial group, 5% had sex and 85% used condoms.
Of 859 questionnaires analyzed, 150 (17%) indicated students had initiated sexual relations; of those 150, 49 (33%) had begun at 16 years or younger. Students do not use condoms regularly because they neither perceive themselves at risk, nor recognize condoms as a contraceptive method, and/or they do not trust its protection.
In 1994, 42.9% (123/287) of students in the intervention group described themselves as sexually active compared with 25.7% (29/113) of the control; in 1996, 11.1% (31/280) of the intervention group described themselves as sexually active compared with 26.7% (31/120) of the control. In 1994, mean age of first intercourse was 11.3 years (range 6-19, SD=2.9) in the intervention group and 12.4 years (range 9-18, SD=2.5) in the control; in 1996, mean age was 10.9 years (range 6-17, SD=2.9) in the intervention group and 12.5 years (range 7-
Rates of either abstinence or sex with a condom were not statistically different between control and intervention groups at follow-up. Among sexually inexperienced youth, higher percentage of intervention youth (17%) than control youth (9%) ($p < 0.05$) remained sexually inexperienced one year later. Among virgins who subsequently initiated sex in immediate post-intervention period, intervention youth (18%) were more likely than control youth (10%) to use a condom ($p < 0.05$). Additional HIV-related risk behaviors, intentions to use condoms,
Contraceptive use (used every time) rose in the intervention group from 21.8% at baseline to 37.6% postintervention. However, the forms of contraception included: condoms, withdrawl/periodic abstinence, pill, emergency contraception, and spremicide. Please note, only 30.8% of the intervention and 33.1% of the control group report intercourse by the post-intervention period.
In-school intervention ranged from $1.40 to $7.90/student (US$ 2000). Unit costs were dependent upon the extent of in-school curriculum development and intensity of contact.
Knowledge of at least two HIV prevention methods increased significantly ($p<0.001$) among both boys (71% to 99%) and girls (70% to 94%). Many more adolescent boys reported sexual experience and recent sexual activity than girls. However, declines were reported in boys sexually experienced (59% to 41%, $p<0.001$) and sexually active in the past 12 months (40% to 33%, $p=0.08$). Ten percent of girls reported being sexually experienced (from 11%) and 7% sexually active (from 6%). No difference was seen between urban and rural

Fifty percent decrease in syphilis seroprevalence in women ages 15-24 attending ANC; decrease in prevalence of syphilis among CSWs to below 10% in the Terai. Sixty-eight percent decrease in mean number of visits to CSWs by clients in the last 12 months (18.6 to 5.9); 61% of CSWs report condom use in their last sexual encounter with a client; 30% of targeted clients of CSWs report decrease in the number of sexual partners; 41.4% of clients report condoms use in their last sexual encounter with a CSW. Average cost of STI
Total cost of STI service delivery at five clinics ranged from US$11,000-US$200,000/year; average annual cost of STI services of five clinics was US$77,000/year, of which US$47,000 were recurrent costs and US$30,000 were start-up costs and donated items (82% labor costs, 7% maintenance, 7% medications, and 4% other materials). Recurrent clinic costs/patient range from US$13-US$37/patient, with an average cost of US$19/patient in public sector and US$25/patient at private clinics. Adding four evening hours on a pilot basis
At baseline, the quality of STI case management was poor in both groups: 36% and 46% of simulated patients visiting intervention and control clinics, respectively, were given recommended drugs. After the intervention, intervention clinics provided better case management than controls: 88% vs. 50% ($p < 0.01$) received recommended drugs; 83% vs. 12% ($p<0.005$) were correctly case managed; 68% vs. 46% ($p=0.06$) were adequately counseled; 84% vs. 58% ($p=0.07$) experienced good staff attitude; 92% vs. 86% ($p=0.4$)
Gonorrhea prevalence in FSWs at one clinic site fell from 11.9% to 4.0% within 4 months, and gonorrhea incidence in service men at Subic Bay naval base fell by 54.8% (25/1,000 men for January through March to 11.3/1,000 men in June). However, gonorrhea incidence increased in July (23/1,000 men) when weekly screening of FSWs was decreased to every 2 weeks (average of 17/1,000 men through December 1967). Selective mass treatment (SMT) with oral penicillin-probenecid or tetracycline was given to registered FSWs to further
Before the educational intervention: prevalence of pathogens - NG (33.5%); GV (1.2%); TP (7.5%); CT (25.0%); EBV (58.4%); CMV (24.2%); HSV1 (96.3%); HSV2 (32.9%); TG (80.1%); HIV (5.0%). Before the intervention, 90% of the men sampled had an STI compared with 88% after; 40% had used condoms before compared with 55% after; and 76% had more than four sexual partners before the intervention compared with 65% after.
At 20-month follow-up, the prevalence was significantly lower in the intervention group than in the control group for syphilis (5.6% vs. 6.8%) and trichomoniasis (9.3% vs. 14.4%); incidence of HIV-1 infection was 1.5/100 person-years in both groups.
Reports of "ever using condoms" increased from 7% to 22% after I year, HIV-infected women were more likely to use condoms than uninfected women (36% vs. 16%; $p< 0.05$). HIV seroconversion rates decreased significantly (13% to 16%, $p< 0.04$) among HIV-infected women, with the greatest reduction among condom users (16% to 14%, $p< 0.05$).
Two-year incidence of pregnancy was 43% in HIV-infected women and 58% in uninfected women ($p < 0.05$). HIV-infected women with fewer than four children were more likely to become pregnant than those with four or more children.

Condom use increased from 4% to 57% after I year; condom use was less common among serconverted (100% vs. 5%, p = 0.01 in men; 67% vs. 25%, p = 0.14 in women). During follow-up, two of the 23 HIV- men and six of the 30 HIV- women seroconverted (seroconversion rates of 4 and 9/100 py.
Prior to receiving their HIV test results, <3% of discordant couples reported current condom use with each other. The frequency of sex with the spouse did not change after VCT, but the proportion of reported contacts with a condom increased to >80% and remains stable through>= 12 months of follow-up. In contrast, among 66 concordant negative couples followed for a median of 12 months, condom use was reported in only 28% of sexual exposures. Couples with regular appointments through 12 months reported more frequent
Level of consistent condom use with sex workers increased proportionately with follow-up time: at 6 months 2.8 times as likely (p< 0.001) at 18 months 3.6 times more likely (p < 0.001); risk of HIV seroconversion was lowest for those who reported "always" using condoms (adjusted relative risk, 0.68; p = 0.42; HIV incidence, 4.0/100 py - 95% C.I. = 1.5-8.7) compared with those who reported "never" using a condom (adjusted relative risk 2.94; p < 0.001; HIV incidence, 14.0/100 py - 95% C.I> = 9.7-19.7). Monogamy increased from
Condom use (at last intercourse) was the same for the intervention and control groups at the 60 day follow-up- 67.3%. Although this was a rise for both groups (60.0% for the control, and 61.8% for the intervention group at baseline), because there is no difference between the groups at the sixty day follow-up it is difficult to attribute causality to the intervention.
Safe sex practices or abstinence were followed by 45% of couples; HIV incidence was 1.0 per 100 person-years (95% C.I.= 0.80 to 1.19) among those practicing safe sex; 55% of couples continued to have unprotected sex with an HIV incidence of 6.8 per 100 person-years (95% C.I.= 6.53 to 7.14).
Condom use (ever used with partner) increased form 14% to 38% between baseline and the follow-up visit for women who received test results, although there was little increase (16% to 19%) among men.Those who were couple-counseled (rahter than those counseled separately from partner, or who partner did not come for counseling) more often returned to receive nevirapine and were more likely to bottle-feed.
Primary and secondary syphilis cases declined from 140/100,000 women aged 15-44 years to 26/100,000 in 1997 (p<0.001). Syphilis sero-reactivity among ANC attenders increased from 4.7% in 1985 to 16.9% in 1990 and declined to 5% in 1997. Reported cases of congenital syphilis increased from five in 1985 to 68 in 1994 and decreased to 30 in 1997. Proportion of heterosexual men aged 15-49 years reporting >two or more sex partners in the last year was 49% in 1992 and 44% in 1996 compared with 6% and 14% of women,
Since 1994, fee of US$2 for VCT at AIDS Information Centre (AIC) sites

Decline in extramarital sex from 49% to 36% (p< 0.001); decline in sex with FSWs from 12% to 6% (p = 0.001). Incidence of STIs declined from 34/100 py during the first quarter to 10/100 py during the last quarter, p=0.001); significant decrease in incidence of gonorrhea (15 to 5 cases/100 py, p=0.04), nongonococcal urethritis (10 to 2 cases/100 py, p = 0.05), and GUD (9 to 2 cases/100 py) but no change in reported condom use during extramarital sex (condom use stayed at 30%).
Condom use ("all the time") rose for women from at 48.*% at baseline to 94% at 12 months after baseline, and for men from 41.4% at baseline to 75.8% at 12 months after baseline. Women with greater partner involvement in the intervention had higher rates fo condom use, more positive attitudes regarding condom use, and les risky behavior.
Before notification of serostatus, fewer than 5% of couples reported using condoms; one month after notification, 71% of couples reported condom use during all sexual intercourse; 18 months after notification, condom use rose to 77%; seroconversion in partners was 3.1% during 100 person-years observed.
Knowledge scores on AIDS prevention and condom use practices were significantly increased among the intervention group after six months follow-up period. No significant changes have been observed in the non-intervention group. Reported persistent condom use increased from <10% to 55% among couples of the intervention group while condom use rates were still low in the other. The persistent condom use was associated with the level of education of the married women attending the clinic (p < 0.05).
Overall HIV seroincidence was 2.60/100 py; the incidence of reported STIs was 10.19/100 py. Men who obtained their HIV test results had significantly higher seroincidence and incidence of reported STIs compared to men who did not obtain their results (IRR=1.87, 3.47, respectively). Among men who obtained their HIV test results, a nonsignificant 40% decrease in HIV seroincidence was observed after obtaining test results compared to before obtaining test results (p=0.18). The incidence of STIs increased by 30% after obtaining HIV
Significant risk reduction occurred among both groups; 86 respondents (56%) reported condom use at last intercourse at 3 months compared with 24 (16%) at baseline (p=0.05); percentage of respondents who had sex with a person other than spouse/main partner in the last 3 months decreased from 31.8% at baseline to 21.4% at 3 months and to 18.2% at 6 months. Self-reported STIs declined from 35% to 13% during the first 3 months.
More than 80% of study patients reported having decreased their sexual activity and their number of sexual partners since receipt of HIV+ test results. Compared to control patients, study patients reported more often abstaining from sex (42% vs. 14%) and more often using condoms during their last three sexual contacts (44% vs. 14%, p<0.001).
HIV-1 prevalence was 28% overall, 24% in men and 35% in women. Reasons for taking the HIV test were a planned marriage or a new relationship (27%; 84% in couples), to plan for the future (35%), distrust of sexual partner (14%), and illness or disease/death (not HIV-specific) of partner (20%). The majority of the reported intentions in response to a positive or a negative HIV test result were positive, demonstrating the ability to cope with this information. Of repeat clients, two (1%) had become HIV-1 positive. The majority of repeat

Annual recurrent cost of maintaining VCT in Kenya is approx. US$6,600/healthcenter; to provide VCT for all 579 health centers in Kenya, cost approx. . US$3.8 million/year (exclusive of training and other start-up costs). Of this amount, approx. US$3.3 million would be incurred for the salaries of full-time counselors and US$0.5 million for materials (including rapid test kits).Cost for VCT/client estimates range from US$16-US$27. Total recurrent cost of VCT would consume approx. 2% of Kenya's health budget.
Significantly more men (47.5%) than women (41.4%) chose VTC (p<.001). Adolescents had the lowest VTC rates in both sexes and HIV-positive women were significantly less likely to choose VTC (35.8%) than HIV negative women (42.5%) (p=0.002). Women, regardless of VCT participation, report lower rates (at both rounds) than men of both extramarital partners and unprotected sex with a casual partner. However, men show a larger decrease in both risk behaviors from baseline to follow-up than women. There are no significant differences in
The intervention achieved impressive levels of self-reported CCU. CCU increased from 0 pre-HIV test to 42% post-test and intervention to 63% at the booster intervention and 55% at the 2-month follow-up. CCU was significantly higher at all follow-up time points relative to the first (McNemar test chi-squares between 136.0 and 140.0, all P<0.0001) and the drop-off at 2-months follow-up was non-significant (chi-square 2.36, p=0.12).
Overall percentage increase in condom use in first month among HIV+ women was 1.9% (95% C.I.= 2.8 to 6.6); between 2 and 5 months it decreased by 6.4% (95% C.I. = 14 to 1.2); difference in condom use was statistically significant (p = 0.03). Among HIV- women, there was an initial increase of 1.9% (95% C.I. = 5.4 to 9.2) followed by a fall of 5.5% (95% C.I. = 14.1 to 3.2); 42% (13 women) reduced their condom use and only six increased their use in the longer term .
Condom use rates after 36 months differed according to serostatus: 17% for HIV-infected women and 3% for uninfected women (p< 0.01); 8.2% reduction in condom nonuse among HIV-1+ women from second to third year of follow-up with no change among HIV-1 women. Adjusted fertility rates also differed: 245 live births per 1,000 women for HIV-infected women and 316 per 1,000 for uninfected women (p< 0.05).
The mean number of sexual partners for the intervention group decreased only slightly between baseline and the three month follow-up (from 2.3 to 2.2), which there was a substantial decrease in the *control* group (from 2.2 to 1.4). Both groups reduced about equally the percent of sexual encounters between baseline and the three month follow-up. this reduction was from 31.6% to 13.3% for the intervention group and from 40.9% to 23.6% for the control.
Comdom use (used a condom *during vaginal sex with non primary partner in the last month*) remained the same among men at 37%, which it increased slightly among women from 75% at baseline to 84% at the 12 month follow-up. for women, of those who used a condom during the last month, a condom was used 91.3% at baseline and 97.6% at the twelve month follo-up. So, a majority of women were using condoms, and using them almost always. The mean number of sexual partners declined between baseline and 12
HIV-1 was estimated to avert 1,104 HIV-1 infections in Kenya and 895 in Tanzania during the subsequent year. Cost/HIV-1 infection averted was US$249 and $346, respectively, and the cost/DALY saved was $12.77 and $17.78. The intervention was most cost-effective for HIV-1 infected people and those who received VCT as a couple; range for the average cost/DALY saved was $5.16-$27.36 in Kenya and $13.39 in Tanzania. Targeting a population with HIV-1 prevalence of 45% decreased the cost /DALY saved to $8.36 in

Cost/client for HIV VCT was US$29 in Tanzania and $27 in Kenya. In both sites, total costs were composed of 74% labor and infrastructure, 2% start up, and 24% commodities. The single largest cost was for counselor and supervisor salaries and benefits (approx. 36%). Cost/HIV infection averted averaged $303 in Tanzania and $241 in Kenya. In Tanzania many seronegative men who received VCT did not change risk behavior; the intervention was not cost-effective for this group. VCT compares favorably to other interventions in
Use of condoms was infrequent (8% for intervention group of HIV-infected women and 6% for control group of uninfected women) and not statistically significantly different between intervention and control; pregnancy rates were 17% and 18%, respectively, with no statistical difference between groups.
At 3 years, the number of men visiting prostitutes decreased from 63% at baseline to 23% after 2 years of counseling; men who continued to see prostitutes were 4.7 times more likely to use a condom after 2 years of counseling. "Always" use of condoms increased with wives or other long-term partners from 5% at baseline to 13%.
Within 6 months of receiving test results, condom use increased for HIV+ clients by 79% with steady and by 90% with non-steady partners; HIV+ clients reporting sex with non-steady partners fell 5.8%. HIV- male clients increased condom use by 59% with non-steady and by 22% with steady partners; HIV- female clients increased condom use by 80% with non-steady and by 19% with steady clients. Six months after learning test results, 69% of HIV+ clients decreased sexual activity vs. 45% prior to learning test results; HIV- clients
Percentage of individuals reporting unprotected intercourse with nonprimary partners declined significantly more for those receiving VCT than for those receiving a control health intervention (HI) (males: 35% reduction for VCT vs. 17% reduction for HI; females, 39% reduction with VCT vs. 17% reduction with HI), these results were maintained at the second follow-up; HIV-infected men were more likely than uninfected men to reduce unprotected intercourse with primary and nonprimary partners, whereas HIV-infected women were more
Condom use (consisent, with a partner who is not a sex worker) rose in men from 9.9% at baseline to 23.6% at the 4-month follow-up, but did not change for women from the 6.3% reported at baseline.
After the first individual counseling session, only 8 of the 31 subjects used any of the condoms that were offered by the time of the second visit.
By using a double rapid test strategy vs. ELISA, cost/patient post-test counseled was almost halved to US$11.

AIC clients are asked to pay $3 (25%) of total $12 VCT cost; if unable to pay, free tests are run on certain days and for certain groups, e.g., women and couples.
Condom use (100% of the time) rose from 2% at 6 months before study enrollment, to 5% 6-12 months after enrollment.The affect of clinic-based counsening was negligeable upon HIV testing by husband. Authors state counseling women is ineffective without partner involvement.
Bosses and apprentices reached increased from 22 in 1996 to 881 in December 1997. Number of condoms sold in sewing workshops increased by 67% from 1996 to 1997; 1,005 condoms sold in January (1-20) 1998.
Survey data show an increase in condom use with non-marital partners other than sex workers. At baseline, condom use at last sex was reported by about a third (n=17/51) of workers, and this proportion increased to 49% (n=42/86) at six months follow-up. This increase was greater among workers exposed to the PE program (71%; n=17/24) than the HC program (45%; n=15/33).
Cost/employee varied between US$1 and US$16/year (average < US$4).
A multifaceted intervention cost US$90,000 for 20,000 workers (not including some condom costs and educational materials provided by local AIDS control programs).There was no evidence of decreasing heterosexual risk behavior between waves 1 and 2. There was a statistically significant reduction in mean number of sexual partners ($p<0.02$) among all subjects. Between waves 2 and 3, the number of men reporting unprotected sex increased for primary partners (93% to 94%, NS) ; number of men reporting unprotected sex
Brazilian steel company, with 8,000 employees, had a 31% reduction in new HIV infections 1 year after they implemented an HIV/AIDS program. Forty factories participating in a Zimbabwean AIDS program had a 34% lower rate of new HIV infections than non-participating factories; program cost was US$6/employee. South African company cost of AIDS training for 11,000 employees was US$2.27 /employee (R17) (US$2000).
HIV seroincidence among workers in the peer education arm was 34% lower than workers in the control arm (2.12/100 py vs. 3.20/100 py, $p = 0.036$). With program costs of $100,000/year, a workforce of 10,000, peer education costs were US$10/worker/year with a direct cost of $1,000/HIV infection averted. Employers were willing to pay for much of the cost.

At intake, the prevalence of casual sex in the past year was 9.7 percent; past sex with commercial sex workers, 43.4 percent (no time frame specified); condom use with the last casual partner, 38.8 percent (Akaki site only); genital discharge within the past five years, 10.6 percent; and genital ulcer within the past five years, 2.1 percent. HIV prevalence was 11.2 percent in Akaki and 6.9 percent in Wonji. Participants were offered health education, HIV testing and counseling. From 1997-1999, at both sites, between the first and fourth
Proportion of men with more than one sexual partner during the month preceding the interview declined from 22.3% to 12.2%; more than two sexual partners declined from 4.7% to 2.0%. Proportion of men reporting an extramarital partner decreased from 20.1% to 6.5% ($p<0.01$) for a regular non-cohabiting partner and decreased from 8.0% to 2.7% ($p<0.001$) for a casual partner; proportion of men reporting casual sex partners during the last month declined from 9.8% to 5.2%. Condom use increased 19.7% from round 1 to round 5 in men
A private bank spent US$200,000 testing over 6,000 employees and finding 5 HIV+ persons (US$40,000/diagnosis).Medical care costs for HIV/AIDS had been US$7,000/year/person. Since the bank had 20 HIV+ employees, they could save US$60,000/year if they stopped routine testing.
BOG contracted an external firm to undertake a baseline survey that had 1178 respondents. A post-intervention survey undertaken in June 2002 had 852 respondents. Results: The number of respondents who knew that condom use helps prevent sexual transmission of HIV increased from 78% to 88.8%. The percentage of respondents who felt that they were "very likely" or "likely" to contract HIV fell from 22.8 percent to 12.2 percent. Of the respondents who did not feel at risk, the primary reason given for such a feeling was
Study showed that the group of factory workers in the AIDS intervention group had decreased AIDS-related risky behavior including reduced nonuse of condoms from 6.9% to 3.8% ($p< 0.001$) although IV drug use was increased from 0.7% to 2.1% ($p< 0.001$). Factory workers, overall, had a better level of knowledge and attitude related to AIDS prevention than the group that did not receive the intervention.
Thirty-eight percent of laborers reported contact with outreach workers. Increases in consistent use of condoms (every time) with CSWs approached statistical significance (72% to 83%, $p<0.08$). Consistent condom use with non-regular and non-commercial sex partners was not statistically significantly different between baseline (33%) and follow-up (42%). At follow-up, condom use with CSWs did not significantly differ between those who reported receiving information from outreach workers (84%) and those who did not (82%).

Category	Country	Author	Year
Community mobilization	Thailand	Elkins D, Maticka-Tyndale E, Kuyyakanond T, Miller P, Haswell-Elkins M	1997
Community mobilization	Nicaragua	Pauw J, Ferrie J, Villegas RR, Martinez JM, Gorter A, Egger M	1996
Community mobilization	Uganda	Quigley MA, Kamali A, Kinsman J, Kamulegeya I, Nakiyingi-Miiro J, Kiwuwa S, Kengeya-Kayondo JF, Carpenter LM, Whitworth JA	2004
Community mobilization	China	Sun X, Young W, Choie KH, Lurie P, Mandel J	2000
Community mobilization	South Africa	Williams BG, Taljaard D, Campbell CM, Gouws E, Ndhlovu L, Van Dam J, Carael M, Auvert B	2003
Community mobilization	Uganda	Kagimu M, Marum E, Wabwire-Mangen F, Nakyanjo N, Walakira Y, Hogle J	1998
Condom Distribution/promotion	India	Bhatia V, Swami HM, Parashar A, Justin TR	2005
Condom distribution/promotion	Thailand	Celentano D, Bond K, Lyles C, et al.	2000
Condom distribution/promotion	Singapore	Chan RK, Wong ML, Lee J, Koh D, Wong C	1996
Condom distribution/promotion	Kenya	Feldblum PJ, Kuyoh MA, Bwayo JJ, Omari M, Wong EL, Tweedy KG, Welsh MJ	2001
Condom distribution/promotion	Thailand	Fontanet A, Saba J, Chandelying V, et al.	1998

Condom distribution/promotion	Indonesia	Ford K, Wirawan D, Fajans P, Meliawan P, Macdonald K, Thorpe L.	1996
Condom distribution/promotion	Thailand	Ford NJ, Koetsawang S	1999
Condom distribution/promotion	Honduras	Fox LJ, Bailey PE, Clarke-Martinez KL, Coello M, Ordonez FN, Barahona F	1993
Condom distribution/promotion	Thailand	Hanenberg R, Rojanapithayakorn W, Kunasol P, Sokal D	1994
CONDOM Distribution/promotion	Uganda	Kajubi, P, M Kamya, S Kamya, S Chen, W McFarland, N Hearst	2004
Condom distribution/promotion	Thailand	Mills S, Benjarattanaporn P, Bennett A, et al.	1997
Condom distribution/promotion	Thailand	Nelson KE, Celentano DD, Eiumtrakol S, Hoover DR, Beyrer C, Suprasert S, Kuntolbutra S, Khamboonruang C	1996
Condom distribution/promotion	Kenya	Ngugi EN, Plummer FA, Simonsen JN, et al.	1988
Condom distribution/promotion	Ghana	Opare B, Tietoree L, Bayor S	1994
Condom distribution/promotion	Thailand	Rojanapithayakorn W, Hanenberg R	1996
Condom distribution/promotion	Singapore	Wong ML, Chan KW, Koh D	1998
Condom distribution/promotion	Brazil	Antunes M, Stall R, Paiva V, et al.	1997

Condom distribution/promotion	Mexico	de la Vega A, Suarez y Toricello E, de las Rosa Cedillos G, Hernandez Parra L, Ramos Hernandez E, Castro Reyes MA, Barney AN, Fox L	1993
Condom distribution/promotion	LAC	Forsythe S, Schvartz E, Janowitz B, Suarez E, De Moya T, Gomez B, Wong R, Simon L	1992
Condom distribution/promotion	South Africa	Marseille E, Kahn JG, Billinghurst K, Saba J	2001
Condom distribution/promotion	Mexico	Valdespino Gomez JL, Izazola Licea JA, Ramah M, Garcia L	1989
CONDOM SOCIAL MARKE	Mozambique	Agha, S, A Karlyn, D Meekers	2001
Condom social marketing	Philippines	Castro JR, D'Agnes L, Aquino C, Borromeo ME	2000
Condom social marketing	Cameroon	Family Health International (FHI)	2000
Condom social marketing	Zimbabwe	Kerrigan D, Mobley S, Rutenberg N, Fisher A, Weiss E	2000
Condom social marketing	South Africa	Meekers D	2000
Condom social marketing	South Africa	Meekers D	2000
Condom social marketing	developed and developing countries	Over M, Piot P	1993
CONDOM SOCIAL MARKE	Cameroon	Plautz A, D Meekers	2003

Condom social marketing	Cameroon	Van Rossem R, Meekers D	2000
CSW Outreach	Bangladesh	Adhikary SS, Mondal C, Nila M, Sarker PS	1998
CSW OUTREACH	Benin	Alary M, L Mukenge-Tshibaka, F Bernier, N Geraldo, CM Lowndes, H Meda, CAB Gnintoungbe, S Anagonou, JR Roly	2002
CSW Outreach	Brazil	Alterescu X	1998
CSW Outreach	Ghana	Asamoah-Adu A, Weir S, Pappoe M, Kanlisi N, Neequaye A, lamptey P	1994
CSW Outreach	India	Basu I, Jana S, Rotheram-Borus MJ, Swendeman D, Lee, SJ, Newman P, Weiss R	2004
CSW Outreach	Bangladesh	Begum A, Quddus MA, Ury FK, Sarkar S, Bloem M, Islam N	1998
CSW Outreach	India	Bhave G, Lindan C, Hudes E, et al.	1995
CSW OUTREACH	Bali	Ford K, DN Wirawan, B Reed, P Muliawan, R Wol	2002
CSW Outreach	Indonesia	Ford K, Wirawan D, Suastina SS, Reed BD, Muliawan P	2000
CSW Outreach	India	Gadgil A, Patkar PP	1994
CSW Outreach	India	Gangopadhyay DN, Chanda M, Sarkar K, Niyogi SK, Chakraborty S, Saha MK, Manna B, Jana S, Ray P, Bhattacharya SK, Detels R	2005

CSW Outreach	Cote d"Ivoire	Ghys PD, Dioalo MO, Ettiegne-Traore V, Satten GA, Anoma CK, Maurice C, et al.	2001
CSW OUTREACH		Kerrigan, D, L Moreno, S Rosario, B Gomez, H Jerez, E Weiss, J van Dam, E Roca, C Barrington, M Sweat	2004
CSW Outreach	Cameroon	Kumaranayake L, Mangtani P, Boupda-Kuate A, Foumena Abada JC, Cheta C, Njoumemi Z, Watts C	1998
CSW Outreach	Zaire	Laga M, Alary M, Nzila N, et al.	1994
CSW Outreach	Sierra Leone	Larsen MM, Sartie MT, Musa T, Casey SE, Tommy J, Saldinger M	2004
CSW Outreach	Bolivia	Levine, WC, Revollo R, Kaune V, Vega J, Tinajeros F, Garnica M, Estenssoro M, Lewis JS, Higueras G, Zurita R, Wright-DeA Aguero L, Parejz R, Mirand P, Ransom RL, Zaidi AA, Melgar ML, Kuritsky JN	1998
CSW Outreach	China	Liao SS, He QY, choi KH, Hudes ES, Liao JF, Wang XC, LIU M, Pan WL, Mandel JS	2006
CSW OUTREACH	China	Ma, S, NHTM Dukers, A van den Hoek, F Yulizng, C Zhiheng, F Jiangting, Z Lina, Z Xiuxing	2002
CSW Outreach	Tanzania	Matasha E, Changalucha J, Grosskurth H, Klokke A, Luakamm-Josten U, Mayaud P, Nduba J, Newell J, Sekirasa Z	1992
CSW Outreach	Cameroon	Monny-Lobe M, Nichols D, Zekeng L, Salla R, Kaptue L	1989

CSW Outreach	Philippines	Morisky DE, Detels R, Tiglao T, Baltazar JC, Tempongko S, Stein J, Liu K	1996
CSW Outreach	Philippines	Morisky DE, Tiglao TV	1999
CSW Outreach	Kenya	Moses S, Kaul R, Nguge EN, Kimane S, Bwayo SS, Fonck K, MacDonald KS, Temmerman M, Plummer FA	2000
CSW Outreach	Kenya	Moses S, Plummer FA, Ngugi EN, Nagelkerke NJD, Anzala AO, Ndnay-Achola JO	1991
CSW Outreach	Kenya	Ngugi E, Plummer FA, Costigan A, Moses S	2000
CSW Outreach	Kenya/Zimbabwe	Ngugi EN, Wilson D, Sebstad J, Plummer FA, Moses S	1996
CSW Outreach	Kenya	Njagi E, Kimani J, Plummer FA, Ndinya-Achola JO, Bwayo JJ, Ngugi EN	1998
CSW Outreach	India	Sangamalla R, Rayapu RB, Kumari RV,	1998
CSW OUTREACH	Brazil	Silva S, de Moura SA	1998
CSW Outreach	South Africa	Steen R, Vuylsteke B, DeCoito T, et al.	2000
CSW OUTREACH		Suyetna, DN, GM Sumantera, P Muliawan	2001
CSW Outreach	Bangladesh	UNAIDS (Bangladesh - Shakti brothel)	2000
CSW Outreach	India	UNAIDS (India Songachi Project)	2000

CSW Outreach	Papua New Guinea	UNAIDS (Papua New Guinea - Transex project)	2000
CSW Outreach	South Africa	Van Dam J, Camprell CM, Williams BG, Mcphail C, Ndhlovu L	2000
CSW OUTREACH	Thailand	Van Griensve, F, J Keawkungwal, JW Tappero, U Sangkum, P Pitisuttithum, S Vanichseni, P Suntharasamai, K Orelind, C Gee, K Choopanya	2004
CSW Outreach	Thailand	van Griensven GJP, Limanonda B, Ngaokeow S, Isarankura S, Ayuthaya N, Poshyachinda V	1998
CSW Outreach	Thailand	Visrutaratna S, Lindan CP, Sirhorachai A, Mandel JS	1995
CSW Outreach	Malawi	Walden VM, Mwangulube K, Makhumula-Nkhoma P	1999
CSW Outreach	DR	Welsh MJ, Puello E, Meade M, Kome S, Nutley T	2001
CSW Outreach	Nigeria	Williams E, Lamson N, Efem S, Weir S, Lamptey P	1992
CSW OUTREACH	Singapore	Wong, ML, R Chan, D Koh	2004
CSW OUTREACH		World Health Organization	2004
CSW Outreach	Malawi	Wynendaele B, Makhumula-Nkoma P, Bomba W	1991
IDU Outreach	Russia	Broadhead RS, Volkanevsky VL, Rydanova T, Ryabkova M, Borch C, van Hulst Y, Fullerton A, Sergeyev B, Heckathorn D	2006

IDU Outreach	India	Chatterjee A, Hangzo CZ, Abdul-Quader AS, O'Reilly KR, Zomi GT, Sarkar S	1996
IDU Outreach	Brazil	de Oliveria Cruz V	2000
IDU OUTREACH	Mexico	Ferreira-Pinto JB, Ramos R	1995
IDU Outreach	India	Kumar M, Mudalier S, Daniels D	1998
IDU OUTREACH	Vietnam	Le, YN	2001
IDU OUTREACH	India	Lisam, K	2001
IDU Outreach	Russia	Madray H, Sergeyev B, Rumyantseva TP, Oparina T, Volkanevsky VL, Broadhead RS, Heckathorn DD	1998
IDU Outreach	Nepal	Peak A, Rana S, Maharjan SH, Jolley D, Crofts N	1995
IDU Outreach	Puerto Rico	Robles RR, Colon H, Marrero CA, Matos TD, Munoz A	1994
IDU Outreach	Puerto Rico	Robles RR, Colon H, Matos TD, finlinson HA, Munoz A, Marrero CA, Garcia M, Reyes JC	1998
IDU Outreach	Thailand	Vanichseni S, Choopanya K, Des Jarlais DC, Plangsringarm K, Sonchai Carballo M, Friedmann P, Friedman SR	1992
IDU OUTREACH	China	Wu Z, R Detels, J Zhang, V Li, J Li	2002
IDU OUTREACH	China	Wu, Z, W Liu, Z Ming, S Liang, L Yap	2001
MASS MEDIA	Cote d'Ivoire	Babalola, S.	2004

MASS MEDIA	Ghana	Boulay, M., Tweedie, I., Ocquay	2004
MASS MEDIA	Guinea	Fonseca-Becker, F., Bakadi, G., Mwebesa, G. and Sienche, C	2003
Mass media	South Africa	Goldstein, S., Sheepers, E.	2000
Mass media	Nigeria	Keating J, Meekers D, Adewuyi A	2006
Mass media	India	Sood S, Nambiar D	2006
MASS MEDIA	Burkina Faso	Tambashe, B. Oleko, Ilene S. Speizer, Agbessi Amouzou, and A.M. Rachelle Djangone	2003
Mass media	Tanzania	Vaughan P, Rogers E, Singhal A, Swalehe R	2000
MASS MEDIA	China	Xiaomingm S., Yongm W., Choi, K., Lurie, P., and Mandel, J.	2000
MSM Outreach	Russa/ Bulgaria	Amirkahanian YA, Kelly JA, Kabakchieva E, Kirsanova AV, Vassileva S, Takacs J, DiFranceisco WJ, McAuliffe TL, Khoursine RA, Mocsonake L	2005
MSM Outreach	Brazil	Family Health International (FHI)	2000
MSM Outreach	Bangladesh	Haque A, Ahmed S	2000

MSM OUTREACH	Bangladesh	Haque AAH, GA Ahmed	2001
MSM Outreach	Brazil	Mota M, Parker R, Lorenco L, Almeida V, Pimenta C, Fernandes MEL,	1995
MSM Outreach	India	Nagapp SRMN Jayaram, Janarthanam HAJ Amijikari	2000
MSM Outreach	India	Pradeep K, Senthil K, Tawil O, O'Reilly K, Kantharaj K	1996
MSM OUTREACH	India	Susai, M, M Benno	2001
MSM Outreach	Mexico	Zimmerman MA, Ramirez-Valles J, Suarez E, de la Rosa G, Castro MA	1997
OUT OF SCHOOL YOUTH	South Africa	Erulkar, AS, M Beksinska, Q Cebekhulu	2001
OUT OF SCHOOL YOUTH	Brazil	Pulerwitz, J, G Barker, M Segundo	2004
OUT OF SCHOOL YOUTH	Cameroon	Speizer, IS, BO Tambashe, S-P Tegang	2001
Out-of-school youth	Bulgaria	Kelly JA, Amirkhanian YA, Kabakchieva E, Vassileva S, McAuliffe TL, DiFranceisco WJ, Antonova R, Petrova E, Vassilev B, Khoursine RA, Dimitrov B	2006
Peer education	India	Arunachalam, S	2001
Peer education	Indonesia	Dewa WN, P Muliawan, BNG Ngurah	2001
Peer education	6 southern African countries	Dube N, Kathuria R, Sabatier R, Chirenda P, Wilson D	1998
Peer education	Zambia	Kathuria R, Chirenda P, Sabatier R, Dube N	1998

Peer education	India	Kumaramangalam L.	1996
Peer education	Tanzania	Laukamm-Josten U, Mwizarubi BK, Outwater A, Mwaijonga CL, Valdez JJ, Nyamwaya D, Swai R, Saidel T, Nyamuryekung'e K	2000
Peer education	Senegal	Leonard L, Ndiaye I, Kapadia A, Eisen G, Diop O, Mboup S, Kanki P	2000
Peer education	Philippines	Morisky DE, Ang A, Coly A, Tiglao TV	2004
Peer education	Botswana	Norr KF, Norr JL, McElmurry BJ, Tlou S, Moeti MR	2004
Peer education	Zimbabwe	Wilson D, Winkelmann R, Mavesere D, Lamson N	1994
Peer education	Uganda	Mireego E, Kelly R, Coghlan A, Dombo E, Ssembatya J	1995
Peer education	Philippines	Morisky D, Tiglao TV, Baltazar J, Detels R, Sneed C	2000
Peer education	Brazil	Peterson C, Szterenfeld C, Alves AB	1995
SCHOOL BASED PROGRAMS	Zambia	Agha S, Van Rossem R.	2004
SCHOOL BASED PROGRAMS	Philippines	Aplasca MRA, Siegel D, Mandel JS, Santana-Arciaga RT, Paul J, Hudes ES, Monzon OT, Hearst N	1995
SCHOOL BASED PROGRAMS	Thailand	Baker, S et al	2003

SCHOOL BASED PROGRAMS		Brieger WR, GE Delano, CG Lane, O Oladepo, KA Oyediran	2001
SCHOOL BASED PROGRAMS	Peru	Caceres CF, Rosasco AM, Mandel JS, Hearst N	1994
SCHOOL BASED PROGRAMS	Jamaica	Eggleston, E, J Jackson, W Rountree, Z Pan	2000
SCHOOL BASED PROGRAMS	Nigeria	Fawole OF, Asuzu MC, Oduntan SO	1998
SCHOOL BASED PROGRAMS	Namibia	Fitzgerald AM, Stanton BF, Terreri N, Shipena H, Li X, Kahihuata J, Ricardo IB, Galbraith JS, de Jaeger AM	1999
SCHOOL BASED PROGRAMS	South Africa	Harvey B, Stuart J, Swan T	2000
SCHOOL BASED PROGRAMS	South Africa	James S, Reddy P, Ruiter RAC, McCauley A, van den Borne B	2006
SCHOOL BASED PROGRAMS	Uganda	Kinsman J	2000
SCHOOL BASED PROGRAMS	Tanzania	Klepp K-I, Ndeki S, Leshabari M, Hanna P, Lyimo B	1997
SCHOOL BASED PROGRAMS	South Africa	Magnani R, Macintrye K, Karim AM, Brown L, Hutchinson P, Kaufman C, Rutenburg N, Hallman K, May J, Dallimore A, Transitions Study Team	2005
SCHOOL BASED PROGRAMS	Zambia	Makelele PMT, Makelele Odimba MJ, Sukwa T, Magazani K, Malinda M, Bukasa A, Katumbutumbu JM, Tembele JC, Odimba BFK	2000
SCHOOL BASED PROGRAMS	Chile	Murray, N, V Toldeo, X Luengo, R Molina, L Zabin	2000

SCHOOL BASED PROGRAMS	Nigeria	Okonofua, FE, P Coplan, S Collins, F Oronsaye, D Ogunsakin, JT Ogonor, JA Kaufman, K Heggenhougen	2003
SCHOOL BASED PROGRAMS	Argentina	Re MI, Pagani L, Bianco M	1996
SCHOOL BASED PROGRAMS	Uganda	Shuey DA, Babishangire BB, Omiat S, Bagarukayo H	1999
SCHOOL BASED PROGRAMS	Namibia	Stanton BF, Li X, Kahihuata J, et al.	1998
SCHOOL BASED PROGRAMS	South Africa	The Transitions to Adulthood Study Team	2004
SCHOOL BASED PROGRAMS	China	Wang B, Hertog S, Meier A, Lou C, Gao E	2005
SCHOOL BASED PROGRAMS	Sub-Saharan Africa	Watts C, Vickerman P, Kumaranayake L, Cheta C, Nama CC, Kwenthieu G, Del Amo J	2000
SCHOOL BASED PROGRAMS	Jamaica	Wedderburn	1998
STI treatment	Thailand	Forsythe S, Mangkalopakorn M, Chitwarakorn A, Masvichian N	1998
STI treatment	Cameroon	Mpoudi NE, Torimiro JN, Manchester T, Abong T	1995
STI treatment	Uganda	Wawer MJ, Sewankambo NK, Serwadda D, et al.	1999
STI treatment	Nepal	Family Health International (FHI)	2000
STI treatment (HIV)	South Africa	Harrison A, Karim SA, Lombard C, Lurie M, Ntuli N, Wilkinson D	2000

VCT	Rwanda	Allen S, Serufilira A, Bogaerts J, et al.	1992
VCT	Rwanda	Allen S, Serufilira A, Gruber V, et al.	1993
VCT	Rwanda	Allen S, Tice J, Ven de Perre P, et al.	1992
VCT		Allen, S, J Meinzen-Derr, M Kautzman, I Zulu, S Trask, U Fideli, R Musonda, F Kasolo, F Gao, A Haworth	2003
VCT	India	Bentley ME, Spratt K, Shepherd ME, et al.	1998
VCT	Brazil	da Silveira MF, dos Santos IS	2006
VCT	Haiti	Deschamps M-M, Pape JW, Hafner A, Johnston WD	1996
VCT	Kenya	Farquhar C, Kiarie JN, Richardson BA, Kabura MN, John FN, Nduati RW, Mbori-Ngacha DA, John-Stewart GC	2004
VCT	Jamaica	Figueroa JP, Brathwaite AR, Wedderburn M, Ward E, Lewis-Bell K, Amon JJ, Williams Y, Williams E	1998
VCT	Uganda	Gumisiriza E, Alwano-Edyegu MG, Baryarama F, Kalule J, Marum E, Moore M	1996
VCT	Kenya	Jackson DJ, Rakwar JP, Richardson BA, Mandaliya K, Chohan BH, Bwayo JJ, Ndinya-Achola JO, Martin HL Jr., Moses S, Kreiss JK	1997
VCT	Zambia	Jones DL, Ross D, Weiss SM, Bhat G, Chatalu N	2005

VCT	Zaire	Kamenga M, Ryder R, Jingu M, et al.	1991
VCT		Lwin, HH, TM Thu, M Zaw, MM Toe, TT Aung, TM Maung, W Myint	2001
VCT	Zimbabwe	Machekano R, MacFarland W, Mbizvo MT, Bassett MT, Katzenstein D, Latif AS	1998
VCT	Tanzania	MacNeil JM, Mberesero F, Kilonzo G	1999
VCT	Uganda	Matovu JK, Gray RH, Makumbi F, Wawer MJ, Serwadda D, Kigozi G, Sewankambo NK, Nalugoda F	2005
VCT	Uganda	Muller O, Barugahare L, Schwartlander B, Byaruhanga E, Kataaha P, Kyeyune D, Heckmann W, Ankrah M	1992
VCT	Thailand	Muller O, Sarangbin S, Ruxrungtham K, Sittitrai W, Phanuphak P	1995
VCT	Kenya	Mutemi R, Forsythe S, Arthur G	2000
VCT	Uganda	Nyblade, L	1998
VCT	Zimbabwe	O'Leary, A, JS Moore, G Khumalo-Sakutukwa, L Loeb, D Cobb,D Hruschka, R Khan, N Padian	2003
VCT	The Gambia	Pickering H, Quigley M, Pepin J, Todd J, Wilkins A	1993
VCT	Zaire	Ryder R, Batter V, Nsuami M, et al.	1991

VCT	South Africa	Simbayi LC, Kalichman SC, Skinner D, Jooste S, Cain D, Cherry C, Mathiti V, Dlakulu R, Unddermans N, Bruinders V, Jacobs C, van Wyk R, Arendse C, Croome J, Bok W	2004
VCT	India	Solomon SS, Solomon S, Masse BR, Srikrishnan AK, Beauchamp G, Thamburaj E, Gulvady M, Anand S, Mayer KH	2006
VCT	Kenya/Tanzania	Sweat M, Gregorich, S Sangiwa G, Furlonge C, Balmer D, Kamenga C, Grinstead O, Coates T'	2000
VCT	Kenya/Tanzania	Sweat M, Sangiwa G, Balmer D	1998
VCT	Kenya	Temmerman M, Moses S, Kiragu D, Fusallah S, Wamola I, Piot P	1990
VCT	India	UNAIDS	1998
VCT	Uganda	UNAIDS (Uganda Case Study)	1999
VCT	Kenya, Tanzania, Trinidad	Voluntary HIV-1 Counseling and Testing Efficacy Study Group	2000
VCT	Cote d'Ivoire	Wiktor SZ, Abouya L, Angoran H, McFarland J, Sassan-Morokro M, Tossou O, Coulibaly D, Coulibaly IM, Greenberg AE	2004
VCT	The Gambia	Wilkins HA, Alonso P, Baldeh S, Cham MK, Corrah T, Hughes A, Jaiteh KO, Oelman B, Pickering H	1989
VCT	Uganda	Worthington H	1997

VCT	Thailand	Xu F, Kilmarx PH, Supawitkul S, Manopaiboon C, Yanpaisarn S, Limpakarnjanarat K, Chaikummao S, Mock PA, Young NL, Mastro TD	2002
Workplace programs	Togo	Assih SE	1998
WORKPLACE PROGRAMS	Vietnam	Bao, VN, P Guest, J Pulerwitz, LTL Thao, DX Dinh, TTK Xuyen, A Levin	2003
Workplace programs	Tanzania	Hamelmann C, Mbonde J, Nyamuryekung'e K, Mwizarubi B, Msauka A, Ocheng D	1996
Workplace programs	Brazil	Hearst N, Lacerda R, Gravato N, Hudes ES, Stall R	1999
Workplace programs	Zimbabwe/South Africa	Hyde S	2001
Workplace programs	Zimbabwe	Katzenstein D, McFarland W, Mbizvo M, Latif A, Machenkano R, Parsonnet J, Bassett M	1998
WORKPLACE PROGRAMS	Ethiopia	Mekonnen, Y, E Sanders, M Aklilu, A Tsegaye, TR Rinke de Wit, A Schaap, D Wolday, R Geskus, RA Coutinho, AL Fontanet	2003
Workplace programs	Tanzania	Ng'weshemi JZL, Boerma JT, Pool R, Barongo L, Senkoro K, Maswe M, Isingo R, Schapink D, Nnko S, Borgdorff MW	1996
Workplace programs	Mexico	Panebianco-Labbe S	1996
WORKPLACE PROGRAMS	Ghana	Ruparel RJ	2003
Workplace programs	Thailand	Sakondhavat C, Sittitrai W, Soontharapa S, Werawatanakul Y, Pinitsoontorn P	1998
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