

HIV

INFECTION AND

AIDS

A Report to
Congress on the
USAID Program
for Prevention
and Control

May, 1991



From the Administrator

It is my pleasure to submit to Congress this seventh report on the U.S. Agency for International Development's (USAID) program for the prevention and control of HIV infection and AIDS in developing countries.

The pages that follow present USAID's response to a pandemic that will have infected more than 25 million men, women and children by the end of this decade. USAID is the largest financial and technical supporter of the World Health Organization's Global Programme on AIDS (WHO/GPA) and, in addition, complements the work of WHO/GPA through its own bilateral assistance program. As a pioneer in HIV/AIDS prevention programs in the developing world, USAID has assisted in monitoring the course of the pandemic and modeling its future demographic and economic impact as a means of defining the most effective interventions available. Our technical assistance has enabled the testing of improved methods of reaching people at risk of infection and supporting their efforts to adopt safer behaviors. Efforts to involve the private sector, other nongovernmental organizations and active community-based groups in prevention activities have enhanced the effectiveness of programs and established a framework for continued effort. Assistance has been provided to integrate HIV/AIDS prevention into existing health and population programs to further build the capacity to undertake large-scale and long-term prevention initiatives.

The global community has learned much and succeeded often in its efforts to respond to the threat of HIV/AIDS. We have developed and honed the tools needed to fight the disease; we know how to prevent and control its spread. The world response to this deadly disease has been truly remarkable, but it has not been adequate. Individual activities have been successful, but they have been relatively small and scattered. The pandemic is outpacing global efforts to contain it. It continues to strip countries and communities of the most precious of resources - young people, the educated workforce, the most productive generation. This human devastation causes immeasurable communal suffering and also threatens to undermine the hard-won social and economic gains so recently achieved in many developing countries.

USAID is committed to the fight against the spread of HIV/AIDS and recognizes that difficult choices must be made to maximize the use of available resources. If we are to be effective in this battle, then we must focus our resources, maximize our efforts and provide the model large-scale prevention and control programs that will have demonstrable impact on the course of the pandemic. Local communities and organizations will continue to be the centerpiece of our strategy. Their commitment and ingenuity is essential if the global effort is to be successful.

We must prevent and control HIV infection and AIDS in developing countries if we are to meet our development goals. We are resolute in our commitment to this effort. The pages of this report present our ability to take on this challenge and our strategy for confronting and controlling the pandemic.

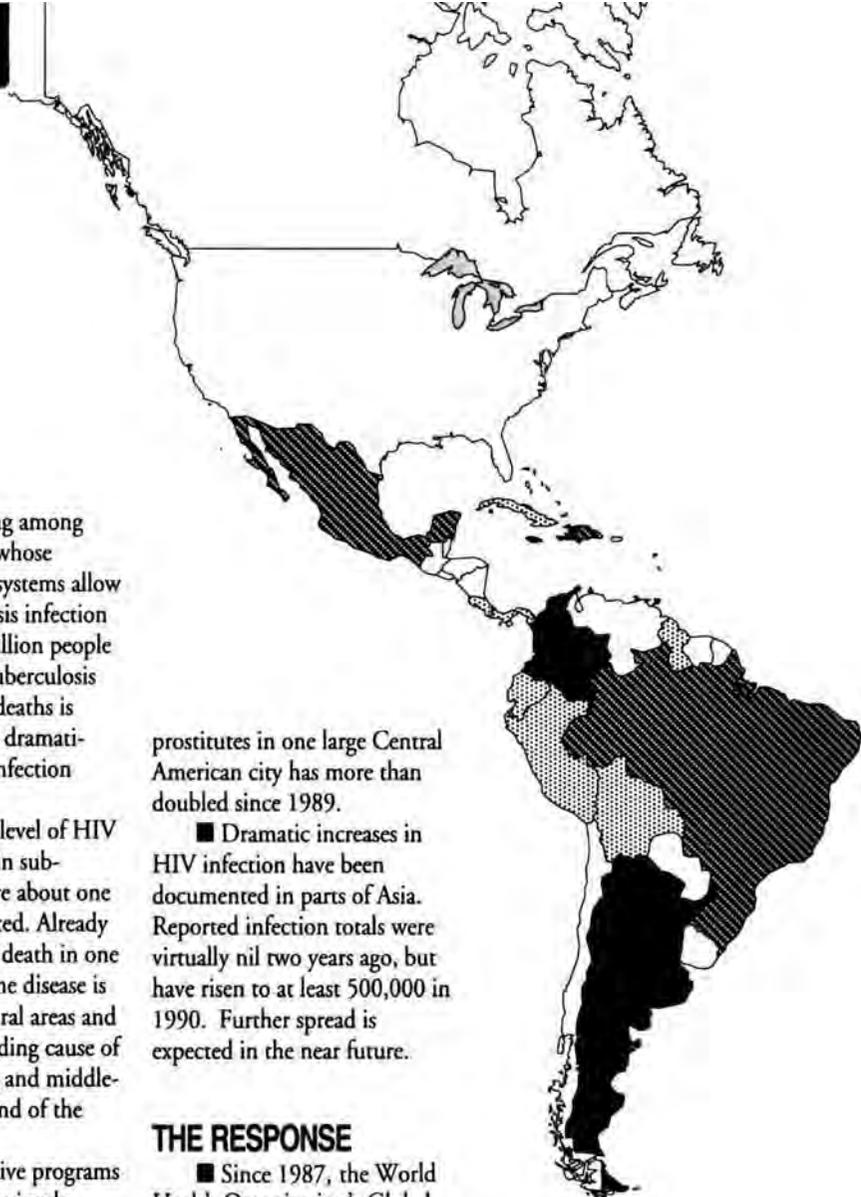


Ronald W. Roskens
Administrator
U.S. Agency for International Development
May, 1991



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THE IMPACT

■ Recently revised, but conservative, estimates by the World Health Organization indicate dramatic increases worldwide in human immunodeficiency virus (HIV) infections and acquired immune deficiency syndrome (AIDS) cases.

■ By the year 2000, 25 to 30 million men, women and children may have been infected by HIV. If an effective treatment is not found, most if not all of these people will develop AIDS and die.

■ By the end of the decade, over 80% of all HIV infections are expected to result from heterosexual transmission. The transmission of these infections is facilitated by a high prevalence of other sexually transmitted diseases (STDs).

■ More than three million women worldwide are already infected with HIV and millions more are vulnerable. Forty percent of the people who will develop AIDS during 1990 and 1991 will be women.

■ Approximately 30% of the infants born to HIV-infected mothers will themselves be infected and most will die before their fifth birthday. By the year 2000, ten million infants and children will have become infected with HIV.

■ Cases of active tuberculosis are increasing. The new

epidemic is occurring among people with AIDS, whose weakened immune systems allow the latent tuberculosis infection to surface. Three million people die annually from tuberculosis and the number of deaths is expected to increase dramatically, as a result of infection with HIV.

■ The current level of HIV infection is highest in sub-Saharan Africa where about one in 40 adults is infected. Already the leading cause of death in one West African city, the disease is now spreading to rural areas and may become the leading cause of death among young and middle-aged adults by the end of the decade.

■ Unless effective programs and interventions are implemented now, what has occurred in Africa may well occur in many countries in Asia, the Near East, Latin America and the Caribbean. The effects of the HIV/AIDS pandemic may reverse hard-won social and economic gains made in many developing countries.

■ In several Latin American countries, women are becoming infected at an increasingly alarming rate, indicating the increasing role of heterosexual transmission in the spread of HIV/AIDS in this region. HIV prevalence among groups of women who work as

prostitutes in one large Central American city has more than doubled since 1989.

■ Dramatic increases in HIV infection have been documented in parts of Asia. Reported infection totals were virtually nil two years ago, but have risen to at least 500,000 in 1990. Further spread is expected in the near future.

THE RESPONSE

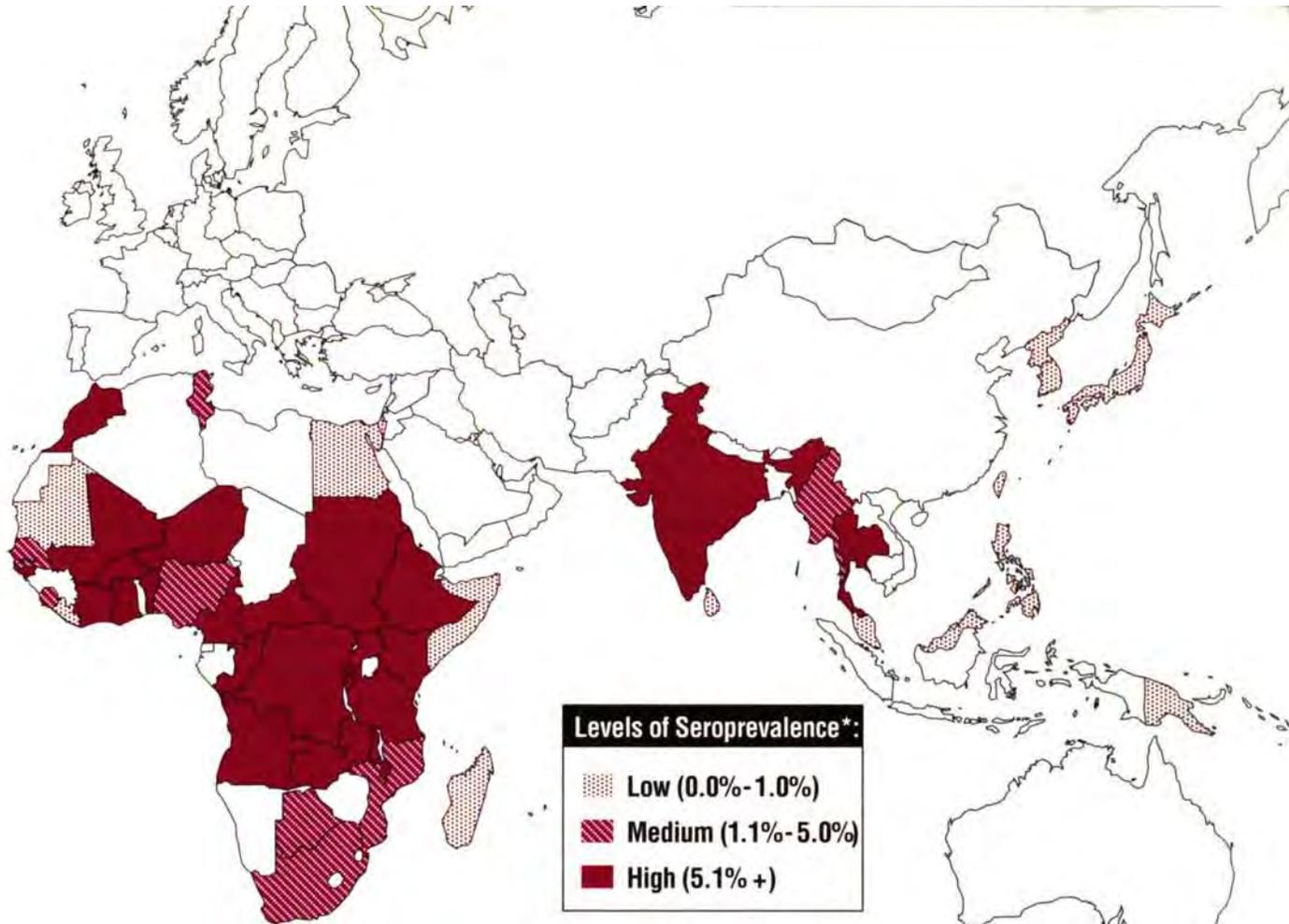
■ Since 1987, the World Health Organization's Global Programme on AIDS (WHO/GPA) has assisted 113 countries develop national AIDS control plans. Approximately 52% of GPA's resources support National AIDS Control Programs, primarily in developing countries. Donor contributions to WHO/GPA in 1990 totalled \$77,145,118, with 27% of that total donated by the U.S. Agency for International Development (USAID).

■ In addition to being the largest financial supporter of WHO/GPA since 1986, USAID has also committed more than \$91 million through its own

bilateral assistance program for HIV/AIDS prevention and control. An additional \$10 million is provided through resources drawn from other USAID accounts, including Health, Population, The Development Fund for Africa, and The Economic Support Fund.

■ Since 1986, USAID has developed and launched over 650 HIV/AIDS activities in 74 developing countries.

■ Innovative ways to reach people and foster behavior change have been developed,



*HIV prevalence among samples of urban individuals at high risk, including prostitutes and STD clinic patients. Source: U.S. Bureau of the Census, Center for International Research, February, 1991.

tested and implemented. Signs of success are evident in increased knowledge and changed behaviors. Since 1987, for example, USAID condom shipments to Africa have increased five-fold in response to increased demand.

■ To promote essential decentralization of national AIDS programs, USAID has expanded its efforts to involve private voluntary organizations (PVOs) and other nongovernmental organizations (NGOs) in AIDS prevention and control activities. In 1990, over 32% of USAID's bilateral resources supported local NGO and community action programs.

THE FUTURE CHALLENGE

■ The massive global public health effort of the last four years has identified the means and the methods necessary to prevent and control the spread of HIV/AIDS.

■ Education about HIV/AIDS and how to prevent infection is critical to effecting the behavior changes necessary to the long-term control of the disease. A reduction in the number of sexual partners, the widespread use of condoms and the control of STDs offer the most immediate and effective protection for sexually active people. New initiatives must be

taken to inform those at risk, promote condom use, ensure adequate condom supply and enhance STD diagnosis and treatment.

■ Our goal must be to utilize existing resources to mount intensive, large-scale efforts in selected countries and to provide successful working models that can be transferred elsewhere. It is essential that bilateral agencies consolidate and focus their efforts or the pandemic will prevail.

■ Programs must be developed for the long term, and the capacity to undertake them must be provided by international and national leadership,

the private sector, and community-based and nongovernmental organizations.

■ Effective programs can prevent one million or more people from becoming infected with HIV during the remainder of the decade. With the leadership and resources to mount successful interventions, this challenge can be met.



THE TOLL INCREASES

■ In July 1990, the World Health Organization (WHO) announced revised figures on the number of people infected with HIV and AIDS. Cumulative estimates of AIDS cases among men, women and children are conservatively estimated to have increased to 1,200,000. The estimated number of adults infected with HIV has increased to between eight and ten million.

■ Within the next five years, it is predicted that the number of people with AIDS will double or triple in most areas of the world.

■ By the year 2000, there may be a cumulative total of 25 to 30 million HIV-infected people. As many as ten million of these infections will occur in newborn infants. AIDS will become a major global cause of death among the very young during the 1990s.

■ People infected with another STD are more vulnerable to HIV infection. The risk of HIV transmission from a single episode of vaginal intercourse has been estimated to be very low. However, the risk of HIV transmission is increased as much as 20 to 50 times when other STDs are present, especially those associated with lesions, such as syphilis and chancroid. Those people infected with HIV and another STD may more easily transmit HIV to an uninfected partner. They are also more likely to remain infected with the curable STD for a longer period of time. HIV and other STD infections amplify one another. The explosive spread of HIV in some populations may be the result of this amplification.

■ A critical problem exists wherever STDs are widespread, HIV infections are prevalent and having more than one sexual

partner is the norm. For example, WHO has collected data on syphilis seroprevalence among women visiting antenatal clinics in more than ten African countries. The data show that the syphilis rates almost always exceed 10%, and in some cases exceed 20%. The high rates of syphilis among these women foreshadow not only a rapid increase in HIV infection rates, but also a dramatic rise in fetal death and infant mortality, as well as increased death rates among women in this age group. More aggressive efforts must be made to diagnose and treat STDs other than HIV as one way of slowing the spread of HIV/AIDS.

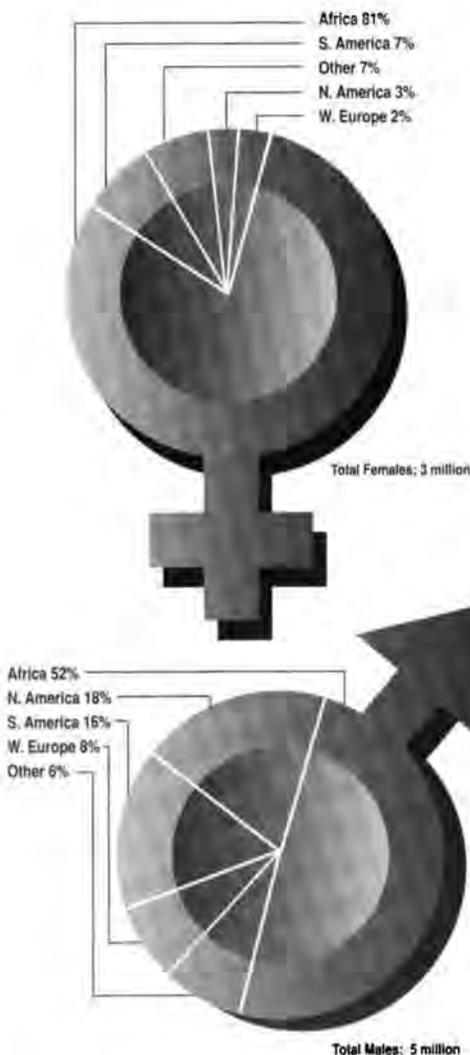
■ After decades of declining rates of tuberculosis in most of the world, progress against this killer has come to an abrupt halt in some developed countries. The dormant tuberculosis infection has surfaced among people whose immune systems are weakened by AIDS. When tuberculosis becomes active, it is easily spread from person to person by coughs. In the developing world, recent progress against tuberculosis may be sacrificed as a result of HIV/AIDS. Because of the mirror nature of the two diseases, it is expected that tuberculosis cases and deaths will rise sharply in Africa, Latin America and southeast Asia. In Africa, the number of people with active tuberculosis already constitutes an epidemic parallel to that of AIDS.

THE REGIONAL IMPACT

There is no question that the fatal HIV/AIDS pandemic is accelerating and no part of the populated world can risk complacency in the face of this global tragedy and challenge. The relentless spread and the human toll of the HIV/AIDS pandemic is nowhere more evident than in the developing world, which accounts for an estimated two-thirds of the world total of HIV infections. This figure is expected to rise to 75-80% by the year 2000 and reach 80-90% by the year 2010.

HIV/AIDS threatens to halt or reverse the social and economic development gains made in many developing countries. As more men, women and children become ill, health care costs will escalate well beyond the resources available. As more women become infected, child mortality rates will soar. When large numbers of people in their most productive years are stricken, the work

Global Distribution of HIV-Infected Adults



force will be reduced. As a result, productivity is likely to fall and per capita income diminish. Local markets will shrink as expendable income dwindles, and foreign investment may withdraw as the workforce decreases. This cycle has already begun in some of the worst affected countries in Africa.

Sub-Saharan Africa

■ Africa continues to be the continent most affected by HIV/AIDS, with an estimated 700,000 adult AIDS cases and higher HIV prevalence than elsewhere in the developing world. More than half the estimated global total of adult AIDS cases have occurred in Africa and the number of adults now infected with HIV is estimated to be close to six million, more than double the figure estimated in 1987. Once confined to urban areas in many countries, the disease is now spreading in rural areas where the majority of the population lives. Recent gains made in economic development and individual health may well be reversed if the HIV/AIDS epidemic is not controlled.

■ Because HIV/AIDS is spread predominantly by heterosexual contact in Africa, the numbers of male and female AIDS cases and HIV infections are about equal. A migratory lifestyle dictated by economic necessity, a high number of sexual partners and high rates of STDs combine to facilitate the rapid spread of HIV infection.

■ Most of the women infected are of childbearing age, and HIV transmission from the infected mother to fetus or infant is a widespread and increasing problem. More than 500,000 HIV-infected infants have already been born in Africa and millions more will be born before the end of the decade. By the year 2000, ten million children born uninfected will be orphaned when their parents die of AIDS. Decades of effort to improve the health and well-being of women and children and to increase child survival rates are being sacrificed to the scourge of HIV/AIDS.

■ AIDS patients now comprise 20-40% of all inpatients in most large urban hospitals in Central and Eastern Africa. These numbers will continue to escalate during the 1990s and will overwhelm the available capacity to provide adequate and essential care to people with AIDS and HIV-related diseases.

Latin America and the Caribbean

■ Extensive spread of HIV probably began in this region in the early 1980s predominantly among homosexual and bisexual men. However, in many countries, heterosexual transmission of HIV has increased significantly in the last five years to become the major mode of HIV spread. Between 500,000 and one million people are thought to be infected with HIV.

■ In some Latin American countries, bisexual men have accounted for up to 25% of all reported AIDS cases. However, many of these men are married and, as a result, increasing numbers of women are now becoming infected.

■ A recent study conducted in a major Haitian city among a random sample of 3,688 adults showed that one out of every 20 may be HIV infected, almost 5% of the general adult population. Other studies in urban areas of Haiti show that as many as 42% of women who practice behaviors that place them at high risk are HIV-infected.

■ HIV prevalence among female prostitutes in Central American cities has increased markedly. While one 1989 study conducted among a group of several hundred Honduran prostitutes reported an HIV prevalence of close to 20%, a 1990 study in a similar group has shown a prevalence of 35%. These figures indicate that HIV infection rates among women in these countries are as high as those in most of Africa.

■ The growing need for intensive prevention and control activities in this region will constitute a considerable challenge for those countries where inadequate health systems will soon be overloaded with hundreds of thousands of AIDS cases.

The risk of HIV transmission is increased as much as 20 to 50 times when other STDs are present.

Equity will ensure a woman's right to protection; education will enable her to negotiate it; appropriate interventions will empower her to demand it.

Asia, Europe and the Near East

■ In general, the prevalence of HIV infection has been low in most parts of this region, but the infection is spreading rapidly in some groups of people practicing high-risk behaviors.

■ AIDS case rates for the Philippines and Thailand are among the highest in the region. Both countries report that more than 100,000 women are working as prostitutes. These women are patronized by large numbers of national and international clients, constituting a potential means for HIV to spread.

■ In Thailand, HIV prevalence among intravenous drug users in Bangkok increased from less than 1% in 1988 to about 50% in 1990. Increases of 30-44% in HIV prevalence have been documented among female prostitutes in one province, where 10% of the male STD patients were HIV-positive. Fewer than 50 AIDS cases were reported in Thailand in mid-1990; more than 10,000 cases are now expected before 1995.

■ In India, surveys in the past two years have shown HIV infection rates as high as 70% in some groups of female prostitutes. In Bombay, the HIV infection rate among a group of 1,900 prostitutes has increased from 1.6% to 23% in less than two years. The size and diversity of India's population make generalizations difficult. However, because the majority of infections are heterosexually transmitted, it is possible that the Indian epidemic may follow the pattern evidenced in many African countries.

WOMEN AND CHILDREN AT RISK

As heterosexual transmission becomes the predominant means by which HIV infection is spread in almost every region of the world, women and infants are more vulnerable than ever before to the ravages of AIDS. At least three million women around the globe are now infected with HIV; most of these women live in the developing world. Women can pass the infection on to their unborn or newborn infants and this occurs approximately 30% of the time. The infected infants die first; their mothers die later. The uninfected children will be left behind to fend for themselves or to be cared for by what is left of an extended family reeling from the

repeated ravages of AIDS.

The infection of millions of women in the developing world carries implications more tragic than any confronted to date. In most emerging nations, women are fully dependent upon their partners for economic well-being and their status in society. A woman's ability to bear and raise children defines her usefulness and her role in society. In most parts of the developing world, women do not negotiate sexual behaviors and most would not dare ask that their partners use a condom. The position women have earned as mothers, partners and caretakers carries little power to control or influence behaviors that directly affect their own health and well-being.

Infection with an STD other than HIV, or any reproductive tract infection which causes strong inflammation, poses a particular threat to women. STD infection is often asymptomatic and therefore unrecognized in women. Treatment is often delayed and the prolonged infection not only increases a woman's risk of acquiring and transmitting HIV, but also increases her risk of ectopic pregnancy, cervical cancer, spontaneous abortion, and infertility.

It is the women of the developing world who will be faced with the burden of caring for family members ill with AIDS and forced to take on the additional role of providing financial support for their families in cultures that offer few ways for women to earn money. This is the current fate of legions of women in the world today — a fate that will accelerate the feminization of poverty around the globe.

Raising the status of women within the family and society is essential to effect the behavior changes necessary to control the spread of HIV/AIDS. Women need to know how HIV is spread, how to prevent infection and how to negotiate safer sex without fear. The long-term control of the HIV/AIDS epidemic is largely dependent upon a woman's right and ability to demand protection that will prevent the sexual transmission of HIV and other STDs. Equity will ensure a woman's right to protection; education will enable her to negotiate it; appropriate interventions will empower her to demand it.

The health and well-being of the next generation are in jeopardy. Women who are unaware or uninformed of the risks presented by



infection with HIV or other STDs, and who are not provided with the means needed to reduce those risks, unintentionally contribute to a reversal of the precious gains made in maternal and child health. The synergy between HIV and other STDs increases the potential devastation. In countries where the syphilis rate exceeds 10% in pregnant women, as is the case in many parts of the developing world, as many as one in every twelve pregnancies will result in fetal death or the birth of a syphilitic infant.

These same women are at a greatly increased risk of becoming infected with HIV. Many will be unable to have children and many more will give birth to infants who are deformed or who will not survive.

Recent studies show that the spread of HIV infection will have a negative impact on child survival in sub-Saharan Africa, parts of the Caribbean, and other developing country regions where the infection is spread predominantly through heterosexual contact. The estimates for child and under-five mortality suggest that the impact of HIV infection on child mortality may exceed the impact on infant mortality.

Debilitated by HIV/AIDS and related diseases, the mothers of these infected children will be unable to care for their families and are likely to die before their healthy children are grown. As many as ten million children under the age of ten will be orphaned during the 1990s when their parents die of AIDS.

It will take the unified efforts of governments, volunteer organizations, communities and individuals to mount the essential HIV/AIDS prevention and control programs necessary to break this cycle of disease and early death. In the absence of a widely available and affordable vaccine or effective treatment for HIV/AIDS, no task is more important to the continued development, increasing stability and growing independence of the developing world.

HIV infection will have a negative impact on child survival in developing country regions where the infection is spread predominantly through heterosexual contact.



THE GLOBAL PROGRAMME ON AIDS

The world response to the HIV/AIDS threat was initiated in 1986 and established in early 1987 as the Special Programme on AIDS by the United States and other member nations of WHO. In 1988, the effort was expanded and formally launched as the Global Programme on AIDS (GPA), an autonomous program of the World Health Organization that put into action a global strategy of technical and financial support to fight the spread of HIV/AIDS. The objectives of WHO/GPA are to: prevent HIV infection, reduce the personal and social impact of HIV/AIDS, and unify national and international efforts against AIDS.

Planning and Coordination

WHO/GPA provides global leadership in the development of policies, strategies and guidelines for AIDS control programs. In addition to conducting the evaluation necessary to alert countries to the serious threat presented by the epidemic, WHO/GPA also generates the support needed to establish national AIDS control programs and medium-term plans. WHO/GPA efforts have helped establish 113 medium-term AIDS control plans worldwide. In addition, and in cooperation with other agencies of the United Nations, WHO/GPA serves as a central authority on HIV/AIDS and supports biomedical, epidemiologic, social and behavioral research, data collection and information dissemination essential to the accurate monitoring and eventual control of the pandemic. This massive planning and coordination effort provides a global framework within which USAID and others can

structure and shape effective HIV/AIDS prevention efforts.

Donor contributions to WHO/GPA for unspecified global activities totalled more than \$77 million in 1990. WHO/GPA continues to place a high priority on generating support for regional and national AIDS control programs.

Focusing Efforts

To enable it to more effectively meet its global planning and coordination objectives, WHO/GPA recently reorganized and refocused its Headquarters structure. The new structure, organized according to specific program roles and functions, is designed to enhance the capacity of WHO/GPA to: strengthen national programs; encourage multisectoral involvement; focus on intervention research, especially in STDs and sexual behavior change; support research in, and address ethical issues relating to, vaccine and drug trials in developing countries; confront the challenges of discrimination; encourage progress toward human rights for all peoples; and to remain a primary advocate for continued support of national HIV/AIDS prevention programs.

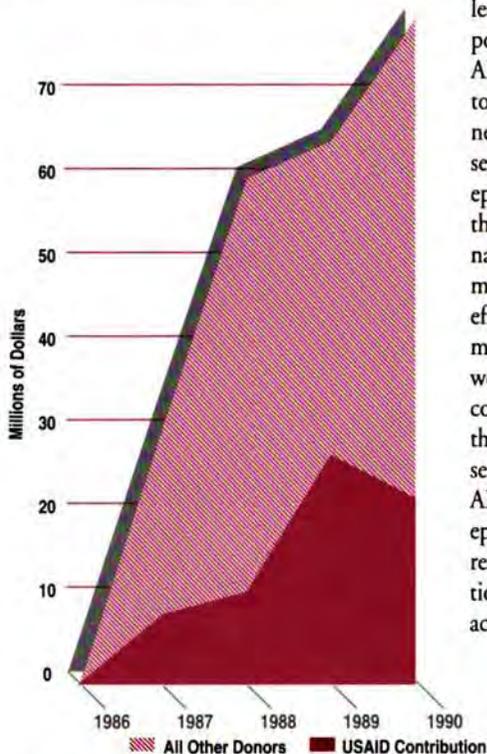
WHO/GPA has performed the difficult groundwork in preparation for effective control efforts in every developing country threatened by the disease. WHO/GPA is now being called upon to coordinate the national and bilateral response to the need for comprehensive intervention programs. Now more than ever before, WHO/GPA must rely on the increased participation and assistance of bilateral agencies with demonstrated expertise in conducting intervention programs to get national programs off the ground and to develop and implement sustainable multisectoral programs that can be expanded rapidly. WHO/GPA's ability to coordinate, plan and generate bilateral financial support for countries with national HIV/AIDS control plans prepares the way for technical assistance programs to mobilize the massive prevention and control interventions necessary to impact the course of the pandemic.

THE USAID INITIATIVE

Multilateral Support

Financial contributions, technical expertise and organizational cooperation provided to WHO by USAID were essential to the establishment of WHO/GPA and remain critical to the strength of its programs and policies. Since 1986, USAID has been the single largest donor agency supporting WHO/GPA efforts with contributions in excess of \$68 million. In 1990, USAID continued to lead the donor contributions with a \$21 million commitment, which represented 27% of the total

USAID Contribution to WHO/GPA for Unspecified Global HIV/AIDS Activities: 1986-1990



Source: WHO/GPA

annual contributions received by WHO/GPA. As an active member of the WHO/GPA Management Committee and as a key participant on WHO/GPA scientific and WHO technical steering committees, USAID continues to contribute the organizational, management and technical expertise critical to mobilizing a global intervention strategy of the scope required by WHO/GPA.

Bilateral Support Program

Once countries establish National AIDS Committees and develop national AIDS control program goals and directions, bilateral donors assume responsibility for helping host countries implement plans by targeting needs and developing programs. USAID has long been a leader in providing bilateral support to developing nations that are striving to eliminate the extremes of poverty and establish self-sustaining economic growth and development. USAID has an extensive network of education, health, child survival and population programs in place and operating around the world which formed the base for AIDS prevention programs. USAID has substantial experience operating within decentralized community and nongovernmental structures that are essential to sound decision-making and program development in the field. USAID has also pioneered programs in the use of information and communications to change development behavior. This has enabled a rapid response to the critical and long-term challenges presented by AIDS epidemics in developing countries.

Coordinating the U.S. Response

By Congressional mandate, USAID is responsible for coordinating the international HIV-related prevention and control activities of all U.S. Government agencies and ensuring that the resulting information is fed into prevention programs. In this role, USAID participates in the Interagency Working Group in International AIDS Issues (IWG), convened by the Department of State; and chairs the International Subcommittee of the Federal Coordinating Committee on the HIV Epidemic (FCCIS), convened by the U.S. Public Health Service.

The IWG reviews the impact of the AIDS pandemic in other countries and on U.S. foreign policy. A key component of its work is the coordi-

nation of all U.S. government agency efforts to monitor the spread of HIV infection and to assess the impact of the pandemic on development. As a member of the IWG subcommittee on AIDS Models and Methods, USAID helps coordinate the AIDS modeling efforts of USAID and other government agencies, including the Centers for Disease Control, the National Institutes of Health and the Department of State. As Chair of the FCCIS, USAID facilitates cooperation among U.S. Government agencies active in international AIDS prevention, control and research, and played a key role in the development, analysis and dissemination of the FCCIS Database, which includes all international AIDS activities funded by the U.S. Government.

In addition, USAID was instrumental in establishing the International Forum for AIDS Research (IFAR), convened by the Institute of Medicine. This Forum convenes quarterly coordination meetings that include representatives of U.S. Government agencies and private institutions involved in funding AIDS research around the world.

USAID's coordination of the U.S. Government's diverse international HIV/AIDS activities provides the opportunity to identify areas of comparative advantage and maximize the use of human, technical and financial resources dedicated to AIDS prevention and research efforts. The results of this effort include the development of quality research and intervention programs by all active agencies and the enrichment of USAID's bilateral support program for HIV/AIDS activities in the developing world.

Bilateral Contributions to WHO/GPA for Unspecified Global Activities:1990

Australia	427,685
Austria	33,991
Belgium	150,950
Canada	7,774,130
Denmark	3,145,412
Finland	878,075
France	973,451
Germany	327,708
Japan	2,100,000
Netherlands	3,615,641
Norway	4,035,811
Sweden	1 6,676,517
Switzerland	4,309,777
United Kingdom	8,374,725
United States	20,615,000
UNDP	508,500
U.S.S.R.	823,181
Miscellaneous	4,524
Interest	2,370,040
Total	\$77,145,118

Source: WHO/GPA

The USAID AIDS Strategy

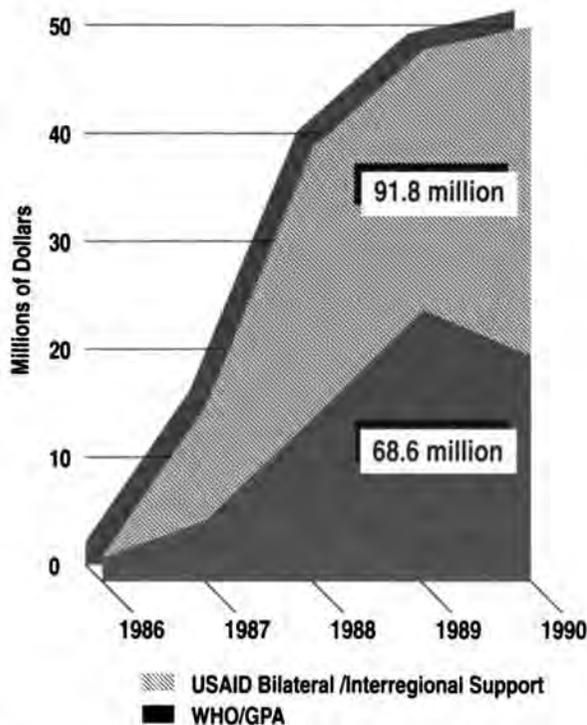
USAID is a leader among those who provide the management and technical expertise necessary to mount successful HIV/AIDS prevention and control programs in the developing world. The USAID AIDS program of bilateral support has one goal: to control and prevent HIV/AIDS. This support effort combines technical expertise, cooperative efforts, coordinated planning and an established network of operating units experienced in meeting local health care and development needs in the developing world and focuses them on meeting the challenges presented by HIV/AIDS. Established working relationships with professionals in other U.S. Government agencies and among the leaders of the PVO and scientific communities worldwide increase USAID's ability to respond quickly and efficiently

to host country needs. This combination of management ability, operations skills and technical facility has enabled USAID to perform a critical role in the continuing challenge to amass essential resources and target them in ways that will have the greatest positive impact in the battle to control the global spread of HIV/AIDS.

Since 1986, USAID has coordinated and mobilized the resources necessary to assist in the development and launch of 650 projects in 74 developing countries. USAID has supplied more than 374 million condoms for HIV/AIDS prevention in Africa alone. USAID has committed more than \$91 million for its bilateral HIV/AIDS prevention and control efforts. Funding has increased each year by region and activity.

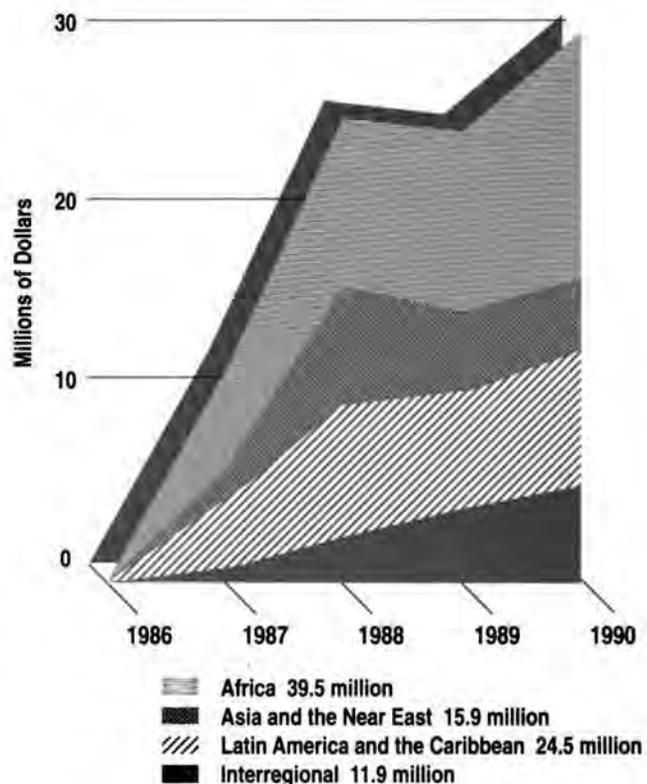
USAID supports HIV prevention activities in host countries through bilateral agreements

USAID Funding for HIV/AIDS Activities Since 1986



Source: A.I.D.

USAID Funding for Bilateral AIDS Programs by Region Since 1986



Source: A.I.D.

developed through USAID missions. Bilateral agreements help coordinate indigenous resources in support of national AIDS control plans and integrate HIV prevention measures into ongoing health, education and family planning projects. In addition, the USAID HIV/AIDS Prevention and Control Program has established a global AIDS Technical Support Project to assist missions in their response to the HIV/AIDS epidemic.

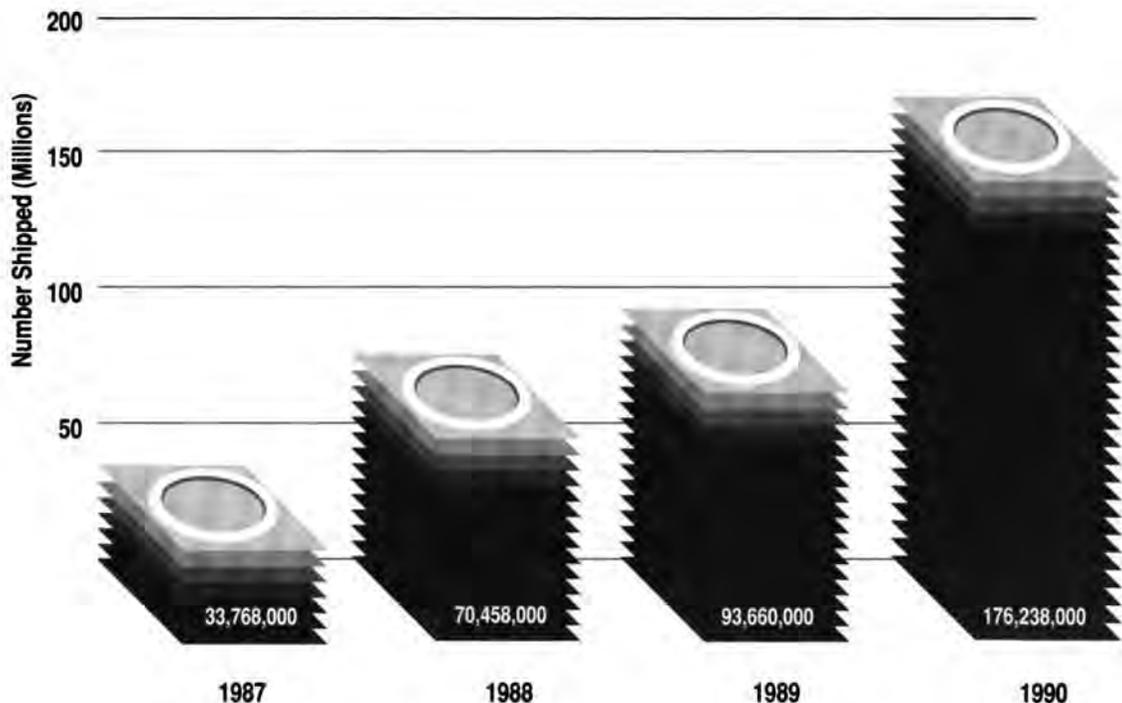
THE AIDS TECHNICAL SUPPORT PROJECT

The AIDS Technical Support Project was formed in 1987 to implement the USAID AIDS strategy and to provide USAID missions with the local capacity-building assistance needed to develop and implement effective AIDS prevention pro-

grams. The Project focuses on providing assistance in four major areas:

- 1) monitoring and surveillance of the incidence, prevalence and impact of HIV/AIDS;
- 2) increasing government and public awareness of AIDS and the options for preventing HIV infection;
- 3) assisting developing countries with the design and implementation of HIV prevention programs; and
- 4) conducting intervention-oriented applied research.

Number of Condoms Shipped to Africa by USAID, 1987-1990



Fundamental to the development of effective interventions is a thorough knowledge of the behavior patterns that facilitate the epidemic.

Monitoring, Surveillance and Impact

Appropriate and effective HIV/AIDS prevention and control programs are built on interventions designed to meet the needs of specific countries. Fundamental to the development of effective interventions is a thorough knowledge of the behavior patterns that facilitate the epidemic, a definition of the path of the epidemic and a clear indication of its future direction. Once interventions are in place, continued monitoring provides an ongoing evaluation and allows for program refinements to facilitate greater behavior change. The information gathered in ongoing monitoring, surveillance and impact assessments also enables the development of models and materials that can be used to increase awareness among government policy makers and program planners responsible for the development and implementation of AIDS programs. The following evaluative tools provide planners with the information they need to make appropriate decisions on a national, regional and community-specific basis:

- Knowledge, Attitude, Behavior and Practices (KABP) surveys provide essential information about what people know about AIDS and how to prevent HIV infection, as well as their reported behaviors. KABP surveys are an integral part of all USAID intervention programs and are conducted prior to program launch and at program completion to track progress made in changing behavior.

- Sentinel Surveillance activities monitor the incidence and prevalence of HIV infection over time among specific groups of people who share similar characteristics, conditions or behavior patterns.

- Economic Impact Assessments track the actual cost of treating people who have HIV/AIDS and enable governments to identify the future impact on their health care systems.

- The HIV/AIDS Surveillance Data Base tracks international data on HIV infection rates and AIDS cases from published reports and other data sources. It is used extensively in designing technical assistance projects.

- The AIDS Impact Model, developed by The Futures Group with support from USAID, uses country-specific data on the annual number

of HIV infections and AIDS cases to project the path of HIV infections and to forecast the future impact of HIV/AIDS. The model then projects the potential effects of alternative HIV/AIDS interventions on the trends forecasted. The information provided helps planners and policy makers to focus their HIV/AIDS prevention and control programs.

Increasing Awareness

An accurate understanding of AIDS, the way HIV infection is spread, and the manner in which individual behavior can contribute to infection or transmission is essential to the success of any intervention program. USAID has funded efforts to increase awareness among government policy makers, opinion leaders, health care professionals, the news media and the general public, as well as to people who practice behaviors that place them at risk of infection. Activities are carefully tailored to the needs of specific groups or communities of people at risk or to groups of people who provide services to those at risk. Each effort has as its goal the accurate identification and recognition of the problem among the people most essential to building a community commitment to action and solution. In each case and for each audience, considerable pretesting is performed to maximize the effectiveness of the message and the medium used.

USAID also supports continued awareness-building among developing world scientists and public health officials, and among people in leadership positions in the fight against HIV/AIDS. Bimonthly mailings of relevant educational and technical materials on HIV/AIDS to more than 500 key decision makers in 74 countries ensure that timely and useful information reaches those best positioned to initiate action. In addition to sponsoring annual regional AIDS conferences, USAID also supports developing country scientists and public health officials by funding their annual attendance at the International Conference on AIDS.

Interventions to Prevent HIV Infection

HIV/AIDS epidemics are socially and culturally determined and point to the need for broad social change. Interventions must address this long-term need, but must also address the immediate need to slow the rapid

spread of the disease. USAID supports both kinds of interventions and ensures that they are sustainable on a local, regional and national basis.

USAID focuses on intervention strategies that:

- Educate and counsel people practicing high-risk behavior in methods to use to protect themselves and acceptable ways in which they can change behavior.
- Train and supply community-based peer educators and clinic-based health professionals to provide the information and resources needed to change the behavior of specific groups at risk of infection.
- Promote the social marketing of condoms to prevent infection with HIV or other STDs.
- Improve the diagnosis and treatment of STDs as a way of slowing the spread of HIV.
- Prevent HIV transmission through ensuring the safety of the blood supply.

Intervention-Oriented Research

AIDS-related research is specifically designed to provide the information needed to develop practical and effective tools for use in the developing world. Three categories of research are emphasized:

- 1) program-related operations research to enhance program effectiveness;
- 2) basic behavioral research to identify ways to change behavior; and
- 3) prevention technologies research to develop technologies specifically suited for use in developing countries.

THE PROJECT COMPONENTS

Expert and centralized technical support is at the core of strong and effective bilateral field programs. This core support is specifically provided to USAID missions through agreements with the following principal Project components:

AIDSCOM, a public health communications program of the Academy for Educational Development in Washington, DC, and its partners, The Johns Hopkins University, Porter Novelli, the University of Pennsylvania and the PrismDAE Corporation, assist governmental and private sector organizations apply state-of-the-art communication and behavioral science to AIDS prevention. The

program has two primary goals. First, AIDSCOM uses behavioral and operations research to increase USAID's understanding of how health communication influences people to voluntarily reduce their risk of HIV infection. Secondly, AIDSCOM assists USAID missions, as well as governments and private organizations, to build sustainable institutional capacity to use health communication over time. AIDSCOM integrates the mass media, community-based organizations, government and the private commercial sector in national strategies of AIDS prevention. Its programs have pioneered the application of entertainment media and workplace networks in Africa, prevention counseling and skill-building strategies in Latin America and the Caribbean, and social marketing around the world. AIDSCOM programs keep the general public alert to the changing face of AIDS in more than 35 countries, and offer populations practicing high-risk behavior specific techniques to prevent HIV infection.

AIDSTECH, a multi-disciplinary technical assistance component of Family Health International in Research Triangle Park, NC, assists with capacity building at both the national and community levels to develop, implement, evaluate and sustain comprehensive AIDS prevention programs. AIDSTECH works closely with local organizations to design effective interventions to prevent sexual transmission of HIV which incorporate educational and communications programming, condom distribution, and prevention of STDs. In addition, AIDSTECH assists with improved blood screening and quality assurance to prevent HIV transmission through blood. The focus of these two primary areas is in building institutional capability to respond effectively to the epidemic. AIDSTECH's programs represent the unique integration of educational and communications expertise with biomedical and laboratory sciences to create sustainable and successful AIDS prevention programs in developing nations. AIDSTECH answers crucial questions by conducting behavioral, epidemiological, and evaluation research; enables community-based AIDS prevention efforts through a small grants program; provides training to strengthen local



AIDSCOM

AIDSTECH



capability; and facilitates policy dialogue by using the AIDS Impact Model to present the impact of various intervention strategies on epidemiological trends.

THE CENTERS FOR DISEASE CONTROL (CDC) in Atlanta, GA, through an agreement with USAID, provide resident technical advisors and extensive HIV/AIDS prevention expertise to support the design, implementation and management of HIV prevention activities in USAID-designated countries. Expanded assistance will be provided by CDC due to USAID's increased commitment to improve the diagnosis and treatment of STDs in the developing world.

These Project components provide the majority of assistance to USAID missions in implementing their HIV/AIDS prevention programs. This assistance has enabled many USAID missions to expand their existing health and population activities to include substantial HIV/AIDS prevention programs.

Because of the special problems confronting the developing countries of Africa, USAID organized the **HIV/AIDS Prevention in Africa (HAPA)** Project to provide additional assistance to African field missions in this hardest hit region. In addition, USAID supports the essential contributions that can be made by PVOs and NGOs in community-based prevention and control programs.

PVO and NGO Action

USAID has long recognized the critical role played by PVOs and other nongovernmental groups in generating community-based support for strategic initiatives. Encouraging the participation of such organizations in HIV/AIDS prevention and control programs is an important component of the USAID strategy.

■ An expanded agreement with the **National Council for International Health (NCIH)** recognizes the importance of PVO participation in HIV/AIDS prevention activities around the world and includes support for projects designed to facilitate and increase that involvement among international PVOs. NCIH regularly reaches the leadership of 115 PVOs through its bimonthly

newsletter and workshop series, which enable USAID to reach decision makers within organizations that will be critical to the success of future HIV/AIDS prevention and control efforts.

■ Through the **PVO/NGO Small Grants Program** managed by AIDSTECH, USAID provides assistance to 29 grant-funded projects designed to mobilize community-based interventions.

■ The **HAPA Grants Program**, with technical assistance from The Johns Hopkins University, has supported PVOs with vast experience in mobilizing community efforts and has funded eight such HIV/AIDS prevention programs in five African countries.

These mechanisms complement USAID's commitment to supporting PVO and NGO involvement in HIV/AIDS prevention in virtually all bilateral programs. In 1990, USAID obligated \$9.5 million for PVO HIV/AIDS prevention projects in 33 developing countries. Technical and financial resources support 103 private sector initiatives implemented by U.S.-based PVOs and community-based NGOs around the world.

FROM POLICY TO ACTION

The AIDS pandemic is a massive threat to the recent and hard-won economic and health care advances made in many developing countries. The policy and programs developed by USAID, then shaped, implemented and evaluated in the field, are a coordinated effort to control the further spread of HIV infection and to monitor the epidemic and its effect on development. An emphasis on practical and transferable programs that can be managed and maintained by the host country is key to all projects initiated by USAID and is a major reason for the success of programs launched to date.

USAID remains committed to doing what it does best — advancing the work performed in the field in support of programs that will stem the tide of the epidemic and secure the fragile gains our development assistance investments have won. The prevention programs that USAID has initiated are working in countless small communities throughout the developing world. They are supporting safer behavior and making significant contributions to necessary behavior change.



"The Prime Minister has accepted leadership of the expanded approach to control of the epidemic, the Secretariat is being legally established, an interim Director has been appointed, vehicles and other equipment are being purchased, office space has been secured and screening has begun for permanent staff."

"...President Museveni was quoted by the government newspaper, New Vision, as saying that he could no longer risk the population. According to doctors' advice, he continued, people must be health conscious by using condoms. He added that education remained as the most effective means of prevention.... This turnaround on his part was announced the day after the USAID mission presented the AIDS Impact Model to him.... The change in President Museveni's views on the use of condoms for AIDS prevention is a policy breakthrough that should have positive, far-reaching impact on dealing with AIDS in Uganda."

(Excerpts from two November 1990 telegrams from the USAID Mission American Embassy, Kampala, Uganda, reporting on the reactions of senior government officials to AIDS sensitization seminars just completed.)

NEW DIRECTIONS

The Ugandan Government, through its President and its Ministry of Health, has long been active in confronting the country's AIDS crisis but, until this sweeping change in policy and perspective, it had not taken the multisectoral approach essential to effective AIDS control, nor had it encouraged the use of condoms for disease prevention. In a nation where more than one in eight adults is HIV-infected, there is, at last, reason for renewed hope due to the commitment to change made at the highest levels of government.

Working within the host country's medium-term plan guidelines, USAID and many other international organizations have provided assistance in support of Ugandan efforts. Major education campaigns were launched in 1987. Surveillance and monitoring programs have been developed and are ongoing. Voluntary HIV testing and counseling centers have opened and are busy. The blood supply is screened. Many successful pilot interventions have been implemented and scores of small victories have been won. Workplace programs distribute condoms. An awareness-raising and training film developed for workplace peer educators has received national acclaim.

USAID, through its field mission and its technical assistance project, has been actively involved in all of these activities, working with the Ugandan government, the private sector, and with PVOs and NGOs to supply the tools and the assistance needed to build a foundation for change even as the crisis approached catastrophic proportions. In spite of the grave challenges to continued hope, positive and broad-based change occurred. Providing the

tools, building foundations, meeting challenges — this is USAID in action.

USAID AT WORK

Several USAID HIV/AIDS prevention and control programs are highlighted in this chapter to provide a closer look at the specific challenges met and accomplishments made on the front lines in the battle against HIV/AIDS. These programs illustrate the essential contributions of USAID and demonstrate the success of HIV/AIDS interventions. They also demonstrate that the USAID commitment alone is not enough. It must be matched by many collaborating private voluntary and community-based organizations, such as those highlighted here, to ensure that substantial progress is made.

The intervention programs presented here are successful, as are scores of others that USAID supports throughout the developing world. But, they will not stem the tide of the pandemic until they are replicated, expanded and sustained in appropriate communities in every developing nation threatened by HIV/AIDS.

As the following examples show, USAID can be the rallying point for organizing campaigns against AIDS on the scale that will be necessary to make a real and lasting impact on this disease.

TARGETING TRUCKERS IN TANZANIA

Most of the goods distributed throughout southern and eastern Africa are transported by truck along well-travelled, interconnecting routes that crisscross this section of the continent. Truck stops have sprung up along these routes and have evolved into commu-

nities with economies fully dependent upon truckers and other mobile populations. A typical truck stop community has about ten bars and seven guest houses and hotels. It is here that the truckers and their turnboys, or assistants, find respite from a day on the road, a bit of camaraderie and, more often than not, high-risk casual sex.

The incidence of HIV and other STDs is high among truckers and among the prostitutes

who work in the brothels, bars and hotels at truck stops. This, combined with the mobility of the transportation workers and their pattern of having high numbers of sex partners in relatively short periods of time, creates a large population group with behavior patterns that dramatically accelerate the spread of HIV into communities all along the truck routes of central, southern and eastern Africa.

The Chalinze truck stop located about 100 kilometers west of the port city of Dar-es-Salaam, Tanzania, is one such community. This busy crossroads is a meeting place for truckers moving goods to and from Dar-es-Salaam west across Tanzania to Zambia and Zaire and north to

Kenya and Uganda. Truckers and their turnboys from all these countries may stop in Chalinze before starting their long hauls north or west, or to rest the night before completing the last leg of their journey east to the port.

Community-Based Initiative

When they stop to have a drink at Chalinze's Good Luck Guest House bar, the barmaid is likely to give the truckers free condoms with their libations. They may even meet Mr. S., the owner of the establishment, who has been affectionately nicknamed "Bwana Condom" by the locals.

Mr. S. is determined to prevent the further spread of HIV/AIDS in his community, but not too long ago he would have been insulted by the nickname he bears with pride today. Not too long ago he lobbied to close down the three brothels in Chalinze and to eliminate prostitution as the only way to curb the AIDS epidemic in the area. He proposed this plan and vehemently argued for its adoption.

During a motivation seminar sponsored by the African Medical and Research Foundation (AMREF) to introduce the AMREF AIDS intervention project for truckers and the women who work at the truck stop, Mr. S. confronted what he already knew. Closing the brothels would not reduce sexual activity, but the use of condoms would reduce the risk of infection with HIV or other STDs. He became a knowledgeable, energetic leader in promoting the use of condoms and was soon elected by his community and fellow educators as the coordinator of the AMREF project's Peer Health Educators at Chalinze.

The prostitutes gave Mr. S. the title, "Bwana Condom," because these days he regularly pedals his bicycle to the brothels to make sure the women working there are protecting themselves and have an adequate supply of condoms and informational brochures. AMREF had hoped to reach 100 prostitutes in Chalinze; Bwana Condom and his colleagues reach 200.

And now, in addition to owning and operating the Good Luck Guest House, Bwana Condom supervises, supplies and works side-by-side with a petrol station attendant, a barmaid and a prostitute who interview and educate the truckers and the prostitutes about AIDS and other STDs, and



Mr. Christopher Mwaijanga, Science Behavior Officer with AMREF (second from left), distributes pamphlets and condoms at a truck stop in Tanzania.

distribute instructional brochures and condoms. Together, they distribute about 20,000 condoms a month and have far exceeded AMREF's suggested number of condom distribution points. They have placed posters, brochures and supplies of condoms in every bar, brothel and hotel room and at every reception desk in the area. Residents of distant truck stops come to Chalinze to observe, to help and to learn what can be done to protect their own communities.

NGO Energy and Commitment

Chalinze remains a bustling crossroads community filled on any given day with truckers from all over the region. Now, thanks to the work of AMREF and the leadership of Bwana Condom and his team, Chalinze is also a community informed and empowered to control the spread of HIV/AIDS among its own people, among the truckers, and among other unknown, uninfected partners at other crossroads or at home.

The Chalinze experience is repeated at four other truck stops and at two companies in Tanzania with large truck fleets through a project conducted by AMREF with technical and financial support from USAID. It is linked with a similar AMREF project in Kenya. The project components include an education program for truckers and their sexual partners about HIV/AIDS and other STDs, and condom promotion and distribution. Community motivators are trained to provide education and build awareness; peer educators are selected to work intensively with target groups within their communities to provide condoms and information; posters, windshield stickers and other informational materials are designed and produced. Then, the people — petrol station attendants, business executives, prostitutes, medical officers and barmaids — can and do work together to effect a positive change.

Project Expansion

The project is still ongoing, expanding and growing, but has already shown that education, motivation and easy access to condoms can change attitudes, perceptions and behavior. Condom dispensers are now a part of the corporate culture at Interfreight Trucking Company and at Tanzania Breweries, where 80,000 condoms were distributed

in little more than three months. Distribution has expanded from the original sites, the truckers' compounds, to include every department and the executive offices.

From June through December, 1990, the AMREF project distributed 725,000 condoms and 250,000 pieces of educational material at the five truck stops. Condom distribution has increased steadily since July, 1990, and this is one reason why the Tanzanian Government, through its regional and district health offices, is interested in the project and wants to know more. AMREF is providing expert consultation to others seeking to establish similar programs. In 1991, AMREF is planning to work in three additional truck stops and to strengthen STD treatment services in the health clinics of selected trucking companies. The cooperation between an active NGO and USAID has enabled the local community to seize the opportunity to develop meaningful, sustainable, reproducible interventions that work.

Grass-roots volunteer AIDS educator "Bwana Condom," left, lobbies for condom use by the clients of Tanzania's truck stop brothels.



SOCIAL MARKETING IN THE DOMINICAN REPUBLIC

In the Dominican Republic, a country that shares the island of Hispaniola with Haiti, HIV/AIDS is increasingly being transmitted by heterosexual contact. The increasing spread of HIV/AIDS among women and children in a country with a total population of only 6.7 million people presents a profound risk to the future public health and economic progress of the Republic.



The government of the Dominican Republic produced two highly successful television commercials to raise awareness of the dangers of unprotected sex with multiple partners. Top: One advertisement admonishes "Fidelity is best, but if you stray, use a safety net." Bottom: Another advertisement encourages people to "get the whole truth about AIDS... learn what your other half is doing."

The Risk Increases

The signs and symptoms are clearly visible. A declining economic environment, especially in the rural areas, has driven many women to urban areas and into the island's well-organized and stratified business of prostitution. This business moves women from island to island throughout the Caribbean and into Western Europe and the Middle East, as well. Conservative estimates suggest that as many as 25,000 women are working as prostitutes in Santo Domingo alone. Most of these

young, unsophisticated women are accustomed only to wrenching poverty and a desperation for a better life. More than 80% of them either are or want very much to be mothers. Their greatest fear is knowing that the work they must do to live may well deny them what they want most out of life.

Early education campaigns by the government have spread the word about AIDS. A USAID-supported national survey confirmed that the population is very aware of the disease, of how

it is transmitted, and of the risk it presents to themselves, their families and their children. Nevertheless, significant gaps in knowledge exist about specific ways to prevent infection and to change behavior. This lack of specific knowledge continues to escalate the threat of increased infection rates.

First Focus: Women at Risk

To protect the large population of women at high risk for HIV infection, USAID has supported the Dominican Government in a sustained and ambitious four-year program of education and support. Social marketing is opening new perspectives on AIDS prevention, and market research is helping to shape a new generation of education campaigns designed to reduce the rates of infection with HIV and other STDs. The Catholic Church has established a retraining and support center to create real alternatives for women who no longer want to be prostitutes. Condoms are actively promoted to women who remain in the profession. Prostitutes have been recruited and trained as peer counselors and, through street outreach programs, they distribute condoms, answer questions and give advice to their colleagues.

Brochures, stickers, posters and pictorial presentations have been developed in collaboration with the prostitutes and pretested among their colleagues before being produced professionally. Program managers and technical advisors discovered that once these women were provided with the information they needed to change behavior, they were able to develop many useful and effective educational materials that specifically addressed the problem situations they confronted most frequently.

The program has produced dramatic results. In three years, regular condom use by prostitutes increased from 1% to 48%. But still, 52% of the target group were not using condoms regularly, remained unprotected from HIV infection and continued to risk transmitting the disease.

Expanded Focus: Men and Condoms

Market research uncovered key reasons for poor condom use — the unwilling male client was the obstacle. Men needed to be convinced to use condoms and women needed to learn how to

better negotiate condom use. Further research led to the identification of five different male behavioral types and communication styles that prevailed in negotiating unprotected intercourse. Comic strip posters were designed to help the women develop the negotiating skills and confidence necessary to deal more effectively with the objections offered by each male behavioral type.

The focus then turned toward men and the development of one of the world's first series of television commercials addressed to married males who had sexual relationships with women outside of their marriage. The commercials had to overcome two problems — dealing with infidelity in brief television spots and getting men to listen to messages that they might not want their wives to hear. Two highly successful commercials provided the solution. Both were aired daily for several weeks on all major television stations and were supported by articles in the local press, talk show interviews and a widely distributed poster depicting a young baseball player and the slogan, “No matter what game I play, I make sure I keep my bat protected.”

The first commercial focuses on the likelihood that people only know “half the truth” about AIDS. The faces of an attractive couple, a man and a woman, fill the screen. They look directly into the camera. The faces are in full shadow. The shadows lift and the couple comes into full light as they deliver their message to the audience — “Get the whole truth about AIDS ... learn what your other half is doing. It affects men and women.”

The danger of unprotected sex with multiple sex partners is the key message in the second commercial. A romantic couple are shown flying together on the “trapeze of life.” A male trapeze star swings happily with his steady female partner until he is tempted by the appearance of a second woman. He succumbs to temptation and this leads to his fall from the high wire. The message — “Fidelity is best, but if you stray, use a safety net.”

Results from a large-scale survey showed that more than 60% of the Dominican viewing population remembered the commercials. This compares with the most successful commercial television advertisements on the island that receive 50-55% recall after more frequent placements and a longer time period on the air. Evaluation of the survey

results showed that those who saw the trapeze spot were more likely to accept rather than reject pro-condom attitudes. This provides a most encouraging sign for the potential of this type of informational intervention.

With assistance from USAID, the Dominican Republic has been able to focus its energy and commitment to AIDS education and control on the portion of the population at highest risk of being infected by or transmitting the disease. The program has been realigned to provide a continuity of effort and a clear view of the behavior changes needed. Sophisticated market research and creative problem solving using, whenever possible, the situation-specific knowledge of the group of people at risk has provided women with the skills and personal control they need to prevent infection. The innovative television campaign directed at heterosexual men is a particular asset to this ambitious program as it provides women with the additional support they need to more successfully influence behavior change among their partners.



A poster widely distributed in the Dominican Republic reads "No matter what game I play, I make sure I keep my bat protected."



UGANDAN PRIVATE SECTOR PROTECTS THE WORKFORCE

A personnel manager in Uganda receives a proposal for an AIDS educational program in his company. He agrees that workers may pay more attention to their fellow employees and friends than they do to physicians or government officials. When asked if he would release employees to attend a training session, he nods in agreement, "We have to do something. We are losing too many of our workers."

Uganda's struggling economy has been hit hard by the AIDS epidemic. In the capital city of Kampala, the economic impact of AIDS is a grim daily reality. Every company has lost trained personnel to AIDS and some have seen their top managers die. In a setting in which one in four urban adults is likely to be carrying the virus, the situation will get worse before it gets better.

In Uganda, HIV is spread predominantly by heterosexual contact and men and women have



Workers at Ka Kira sugar plantation in Jinja, Uganda, plan peer education training programs for their workplace.

equal rates of infection. Infants who acquire the infection from their mothers also account for a high percentage of cases.

Uganda was one of the first countries in Africa to take action against the AIDS epidemic. The government has mounted an active campaign to educate the public about the disease and its most common routes of transmission. Today, most Ugandans know about the dangers of acquiring AIDS through high-risk sexual behaviors.

USAID has sponsored the "AIDS in the Private Sector" program in Uganda since 1988. In cooperation with The AIDS Support Organization (TASO) and with other PVOs and NGOs, USAID works to develop and implement multiple programs that promote behavior change.

Condoms and Counseling

In collaboration with the Federation of Uganda Employers (FUE) and the Experiment in International Living (EIL), USAID has mounted an "AIDS in the Workplace" program with the objective of reaching 400,000 employees. Like similar programs in the United States and other developed countries, it teaches the facts about HIV transmission and reduces misconceptions about casual contact that often result in panic and disruption in the workplace. But, it goes a step beyond most workplace education programs that focus only on the now well-known facts about AIDS. This program provides counseling and condoms for those at most risk.

Peer Education and Training

The Federation arranges for companies to send up to 20 workers to an initial training session. There, they are given the information and skills to act as peer educators when they return to their companies. As peer educators, they discuss AIDS prevention with their fellow employees and provide support for the behavior changes that are needed to stop AIDS. They take up where the national campaign leaves off, providing individual advice, answering questions about options and providing condoms. They work to educate people about behaviors that may place them at risk, reduce people's unfounded fears about casual contact and ensure that those who have the virus can continue to work and lead normal lives.

Research and Program Evaluation

Surveys conducted prior to, at mid-point, and at the end of an intervention project help to define the need for and success of the intervention methods used. The survey also enables continual fine tuning of the program to ensure that goals are met. In early 1990, a survey was carried out among employees at four participating companies, including two breweries, a bus company and a sugar plantation. The results of 600 interviews with workers provided data that helped to refine the program and increase its efficiency.

Condom use among employees:

(N = 600)

19.7% had used a condom

9.1% had never heard of a condom

71.2% had heard of, but never used, a condom

Most common reasons for not using condoms among those who were non-users:

39.0% not needed; trust my partner

33.0% unfamiliar with condoms

11.0% don't like condoms

8.0% don't believe condoms are safe

0.2% condoms cost too much

8.8% other

Special analyses were conducted on the data from a subset of workers who reported having multiple sex partners and therefore were at higher risk of HIV infection. These analyses indicate that what men think other men are doing about condoms is an important influence on an individual man's decision whether or not to use a condom. Those men who thought that "many of the men who work here use condoms" were almost eight times more likely to use condoms themselves than were informed men who thought otherwise. These data support the hypothesis that social norms in the workplace play a critical role in the choice a man will make about condom use.

Revising the Curriculum

This study resulted in a reassessment of the curriculum and the addition of some new components to the training. To deal with the problem of condom familiarity, a section on condom skills has been added to the training to show workers exactly

how to use a condom. In addition, the trainers use role plays and group discussions to address the negotiation of safer sex. Workers practice ways of discussing condom use and safer sex with hypothetical partners. A full-length dramatic film that humanizes the face of AIDS has been developed and produced. The film, *It's Not Easy*, shows how AIDS affects individuals, families, friends and workplace peers. It shows how the workplace can be transformed into a focus of healing, support and education and will be used to help trainers, peer educators and managers involved in workplace programs.

USAID technical assistance in Uganda has helped develop a private sector program that is becoming a model for other workplace programs. More than 600,000 condoms have been distributed through this program. Forty-one workplaces have participated, 274 trainers have been educated and more than 3,200 peer educators have been trained.

Similar workplace efforts are being initiated in Tanzania and Brazil. These programs open valuable new condom distribution systems and AIDS prevention opportunities. They not only provide highly credible channels of communication, but also relieve the government from a sizable portion of the heavy financial burden accompanying national workplace training programs. Additionally, these programs offer employees continuous support to supplement one-shot campaigns and promotions.



Uganda produced a full-length dramatic film, called It's Not Easy, designed to show how AIDS affects the workplace. The film is used in workplace AIDS education programs.

COUNTRY-WIDE COORDINATION IN CAMEROON

The Cameroon National AIDS Control Service (NACS) has been aggressive in its approach to HIV/AIDS monitoring and control. The nation's media have done a creditable job of presenting the facts about HIV/AIDS to the public. USAID, in collaboration with other organizations and with the private sector, has helped the NACS to better coordinate its efforts and has provided access to technical expertise, program management systems, intervention strategies and research opportunities that yield results. A full spectrum of projects and programs has been developed, including:

- a cost-effective surveillance program of HIV infection among groups of individuals at highest risk;
- national blood transfusion guidelines for use in hospitals countrywide;

- a national quality assurance program for HIV testing, already in operation—simple, rapid HIV tests have been provided and trainers are prepared to teach techniques to lab personnel throughout the country;

- a counseling program designed to reach individuals before and after HIV testing, under development; and

- peer education projects, including the social marketing of condoms among prostitutes, which have been initiated in Yaounde and Douala, the two largest cities in Cameroon, and have recently been expanded to Maroua. A closer look at this innovative project identifies the key reasons for its extraordinary success.

Meet the Need and Condom Sales Soar

In less than a year, more than two million condoms have been sold in Yaounde and Douala through a social marketing and peer education program spearheaded by NACS with support from USAID and the involvement of Population Services International and HOSPICAM, a private sector, national wholesale distributor of hospital supplies. Utilizing HOSPICAM's existing distribution system provided an effective and efficient means of getting the product in the hands of salespersons, thereby significantly reducing outlet supply problems often encountered in countries where distribution systems must be created. This social marketing project anticipates that approximately 3.5 million condoms will be sold in 1991.

USAID helped implement the AIDS awareness and peer education program proven so successful elsewhere among women working in the prostitution industry and among businesses that serve their clients. In Cameroon, educators and coordinators were identified and trained, not only to provide information and support, but also to serve as condom salespersons.

The selling of condoms was an activity that took hold quickly among the prostitutes, as well as among many small private businesses. Because of the prostitutes' enthusiasm for this new line of work, additional training seminars were provided to teach sales and marketing techniques and tactics. Today, the majority of condom sales are being made by small business owners. The

Cameroon adopted "Prudence" condoms from other successful marketing programs.



prostitutes themselves have sold 200,000 condoms and are responsible for a remarkable 10% of total sales. The numbers are impressive and indicate that Cameroon is well on its way to containing the spread of HIV/AIDS. Equally impressive is the effect this successful social marketing program has had on the current behaviors and attitudes of the groups at greatest risk.

Entrepreneurship and Empowerment

■ Call her Lisette. She lives in a dingy cell-like room out of sight but close by the bars and hotels of Yaounde where her potential clients gather. She is 25 years old and must work in the city now to support her three children. Lisette is working harder than ever these days and is feeling more hopeful about herself and the futures of her children. Now that she is making about U.S.\$100 a week selling condoms, her bargaining power has increased, her client list is changing and she is hoping that, one day, she will not be so dependent upon prostitution to earn the money she needs to support her family.

■ Perhaps his name is Joseph. He is a push-cart vendor at the marketplace in Douala. For more than fifteen years, he sold only cigarettes and other tobacco products from his cart. Last year, he added condoms to his inventory. Now he finds that the demand for condoms often exceeds his available supply. Joseph is stocking more condoms than ever these days to meet the growing need among his customers and he is making a better living doing it.

■ A drama troupe of six actresses has just completed a half-hour performance in a neighborhood bar in the Tsinga Quarter and the customers are applauding. The actresses developed and wrote the AIDS prevention skit they just performed and are now moving among the crowd selling condoms. The actresses are prostitutes; they perform their prevention skit and sell condoms in many places in Yaounde and Douala. As they increase their power to require condom use among their clients, their efforts to sell condoms may well reduce their reliance on prostitution as their primary money-making venture.

Few women in Yaounde and Douala choose to be prostitutes when other alternatives enable them to earn the money they and their children need to survive. For those unable to support themselves otherwise, money earned from condom sales provides an economic base that frees them from the fear of requiring condom use by their clients.

The profit motive inspires all business people, from large national distribution companies to small cigarette vendors. People will purchase condoms and use them to prevent disease if awareness is raised and condoms are easily available and affordable. This condom social marketing program succeeds because it recognizes these facts and targets the people at greatest risk. The project identified the best available intervention method for the people at risk and now provides the education, knowledge and specific tools that empower people to change behavior. The results: positive attitudinal change, increasing condom sales and an effective intervention program that can be duplicated throughout the country.



Push-cart vendors do a brisk business in condom sales, thanks to Cameroon's recent social marketing program.



As HIV infection rates soar and AIDS death tolls mount among the most educated and productive generation in nation after nation, years of hard-won social and economic advances are sacrificed.

The HIV/AIDS pandemic is among the most deadly and destructive the world has known. It has ripped apart the intricate tapestry of countless individual lives and threatens to alter the future course of many developing world communities and countries. Millions of people will be lost to AIDS during the remaining years of this decade. By the year 2000, more than three million AIDS cases will occur in people who are currently HIV-infected. An additional one to two million AIDS cases will develop as a result of HIV infections acquired in the 1990s. Continued and dramatic increases in infection are expected among women and children.

As HIV infection rates soar and AIDS death tolls mount among the most educated and productive generation in nation after nation, years of hard-won social and economic advances are sacrificed. The spread of the pandemic beyond urban centers and core groups further compromises economic and social systems. As family structures become unstable and a significant number of essential care givers are eliminated from society, the surviving future generation is orphaned — biologically, socially and economically. Decades of effort and investment to improve the health, education, and well-being of people in the developing world may be reversed by the relentless spread of HIV/AIDS.

The pandemic has rapidly outpaced our efforts to contain it in many countries, and threatens to overwhelm our efforts in many more. This is so in spite of the fact that we know how to slow the spread of HIV/AIDS: by focusing on preventing sexual transmission through behavior change and controlling other STDs. USAID has demonstrated this repeatedly by mobilizing community action to define, test, launch and evaluate successful interventions. Intervention-oriented research has consistently contributed to improved programs by increasing our understanding of behavior patterns and how to change them. Numerous, small-scale awareness and education campaigns in communities around the globe have successfully encouraged and are supporting the

adoption of new and safer behaviors. Social marketing programs have shown that a number of different groups within a community can effectively market condoms for disease prevention in the developing world. Collaborative efforts with active community-based organizations have proven successful and essential to the development, mobilization, monitoring and maintenance of all ongoing intervention programs.

Our many efforts have resulted in positive change within the specific communities they reach. Local organizations report the adoption of safer behavior among those they serve, and now provide better screening and treatment for STDs. But, our efforts have been too few, too small and too scattered to stem the tide of this deadly disease. Small-scale programs will not deliver the impact needed to alter the course of the pandemic. Available resources are limited. We, in turn, need to limit our efforts to fewer countries. We can then devote sufficient resources to mobilize community-based initiatives, to build upon our individual program successes and to launch the large-scale prevention efforts needed to contain HIV epidemics on a national scale. Rather than dilute our scarce resources, we must now concentrate our efforts and prepare to develop and implement effective country-wide programs that will yield long-term and lasting results. Successful prevention activities must be expanded and replicated to create the necessary critical mass of grass-roots AIDS prevention services.

Future USAID efforts will thus focus more resources on ten to fifteen countries, emphasizing education and awareness-raising interventions geared to: reduce the number of individuals' sexual partners; increase access to and use of condoms; and control the spread of STDs through more effective diagnosis and treatment.

These large-scale efforts will be mounted in countries where: there is a strong in-country commitment from both the U.S. mission and the National AIDS Committee to take aggressive action against the disease; the potential for the rapid spread of HIV and other STDs is increasing; USAID has the bilateral financial and human resources to respond; and the private sector and

other nongovernmental organizations within the country will support the ongoing effort necessary to ensure that effective programs are sustained and duplicated over the long term.

Other factors that will be considered include demographic characteristics, such as the size of the population and the distribution between urban and rural areas, and the extent to which other donors are committed to AIDS prevention. Conducted through cooperation with active community-based organizations, these efforts can make a demonstrable impact on the course of the pandemic and provide the model needed for intervention programs elsewhere in the developing world.

Improved diagnosis and treatment of STDs other than HIV will be an essential, additional component of all HIV/AIDS programs in the developing world, as we now know that a reduction in the high prevalence of STDs other than HIV will contribute greatly to a reduction in the rate of HIV transmission. Strengthening STD services will require new initiatives to significantly improve capabilities to diagnose and treat STDs within existing health-care infrastructures. Additionally, if prevention efforts are to be sustained and the impact of AIDS on society kept to a minimum, particular efforts must be made to reach women at whatever point they enter the health care system.

The success of these focused efforts to prevent and control HIV/AIDS requires a unified and intensified, well-planned and carefully executed collaborative effort by all participating international, bilateral, and nongovernmental organizations. As time is short and resources limited, every effort must be made to focus our financial, technical and management capabilities where the greatest impact can be made. USAID has a long history of successful program development and implementation and intends to move quickly to mobilize national prevention programs on a scale that will alter the course of the pandemic in targeted countries. Fundamental to the success of this initiative is the continued close cooperation between WHO/GPA and USAID, with increased complementarity of our respective roles based on a clear recognition of each organization's demonstrated strengths and capabilities. Under WHO's

leadership in national program planning and coordination, critical to the success of large-scale efforts, USAID will provide technical and financial resources at levels sufficient to ensure the effective implementation of national prevention programs.

While global coordination is crucial, the active involvement and long-term commitment of community-based and other private voluntary organizations will be the key component to the success of comprehensive HIV/AIDS control programs. The shared values and vision of these grass-roots organizations and the communities they serve will ensure that their initiatives are responsive to local needs, and thus build community investment that will guarantee their sustainability and accountability. As local community organizations join forces with other community organizations within their countries, they gain the energy, the voice and the influence necessary to provide and strengthen services. This is particularly important in the developing world, where government infrastructures are often weak. USAID will lead the effort to facilitate dialogue, interaction and activity between and among these active organizations, to help build the momentum they need to develop and sustain long-term and successful interventions.

One million lives can be saved during the remainder of the decade if action is swift, efforts are coordinated and resources are concentrated. The actions we take now will determine whether or not additional millions of lives will be saved or sacrificed after the year 2000. The continued commitment by the U.S. Government to fight against HIV/AIDS in the developing world is inseparable from its commitment to contribute to sustained economic development and to meet basic human needs. The bilateral support provided by the USAID HIV/AIDS Prevention Program offers the best opportunity to support the national and community-based programs that can alter the course of the pandemic in many developing nations of the world.



One million lives can be saved during the remainder of the decade if action is swift, efforts are coordinated and resources are concentrated.

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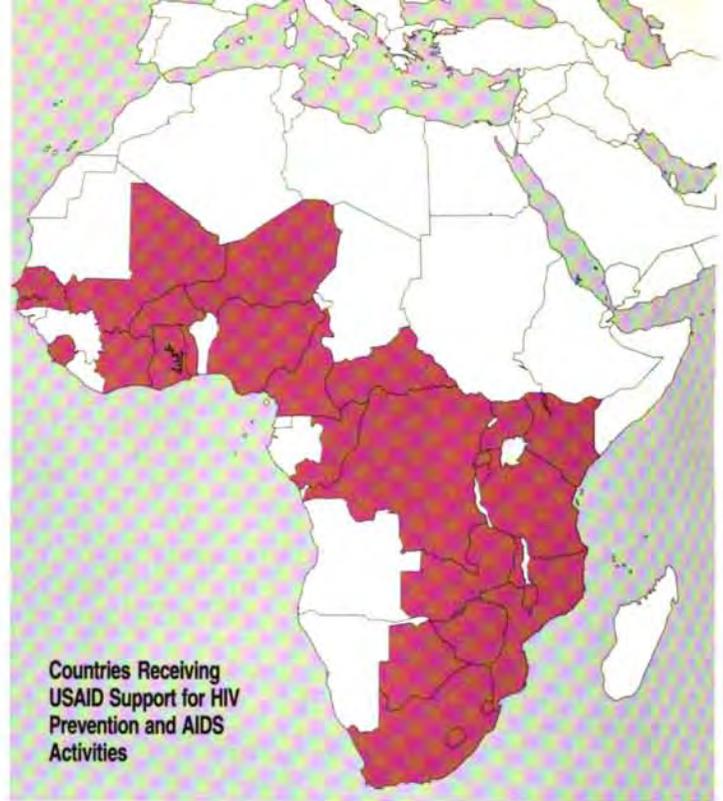


HIV Prevention and AIDS Activities Supported by USAID

Activity	Africa	Asia	Europe and Near East	Latin America and the Caribbean	Total
Condom Supply and Promotion	23	2	3	20	48
Conference Travel	21	3	3	23	50
Blood Product Safety	8	1	0	8	17
Health Care Financing	6	0	0	3	9
PVO Activities	13	2	2	16	33
Public Information Campaigns	15	3	2	15	35
Resident Advisors	6	1	1	6	14
STD Control	11	1	2	15	29
Epidemiology and Surveillance	14	1	1	7	23
Targeted Behavior Change	17	1	2	16	36

AFRICA REGIONAL SUMMARY

HIV Prevention and AIDS Activities Supported by USAID



	Botswana	Burkina Faso	Burundi	Cameroon	Central African Republic	Congo	Côte d'Ivoire	The Gambia	Ghana	Kenya	Lesotho	Malawi	Mali	Mauritius	Mozambique	Niger	Nigeria	Rwanda	Senegal	Sierra Leone	South Africa	Swaziland	Tanzania	Togo	Uganda	Zaire	Zambia	Zimbabwe	Total	
Technical Assistance Activities																														
Condom Supply and Promotion		■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				■	■	■	■	■	■	■	23
Conference Travel	■	■	■	■	■		■	■	■	■		■	■		■	■	■	■	■	■			■		■	■	■	■	■	21
Blood Product Safety		■		■					■	■		■			■		■								■	■			8	
Health Care Financing		■		■					■				■												■		■		6	
PVO Activities		■		■	■				■	■		■					■	■				■	■		■	■		■	13	
Public Information Campaigns			■				■		■	■		■	■			■	■				■	■	■	■	■	■	■	■	15	
Resident Advisors				■	■		■		■	■													■						6	
STD Control		■		■	■				■	■							■						■		■		■	■	11	
Epidemiology and Surveillance		■	■	■	■				■	■		■	■				■				■		■		■	■			14	
Targeted Behavior Change	■			■	■	■			■	■		■	■			■	■	■				■	■		■	■	■	■	17	

CAMEROON

SITUATION ANALYSIS: Levels of HIV/AIDS infection are relatively low. Potential exists for rapid spread. Migrant workers from high-prevalence countries travel in and out of Cameroon, and prostitutes are very mobile throughout the country. The National AIDS Control Service (NACS) actively supports private sector and community-based interventions that target these mobile populations.

Reported Cases: 243

(Date of last report: 12/6/90)

***Increase over 1989 Report:** 68%

Total Population: 11,014,200

Cumulative Incidence: 22.1 per million

****HIV Seroprevalence:**

Urban - High Risk 9.3%

Low Risk 1.1%

Rural - Low Risk 0.4%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 2.0

1990 - 11.5

USAID STRATEGY: USAID works with the NACS to develop AIDS prevention projects that target mobile populations. Cameroon's infrastructure also serves as a base for improving transfusion practices and STD services. An important component of AIDS prevention projects is encouraging private-sector involvement to improve the sustainability of these activities.

USAID FUNDING, 1990: \$681,277

USAID-SUPPORTED COUNTRY PROGRAMS

Prevention of Sexual Transmission of HIV

USAID, through the NACS, has established comprehensive sexual transmission interventions in three urban areas (Yaounde, Douala and Maroua). The programs reach prostitutes with AIDS education, condom promotion and distribution,

and STD treatment. Twenty peer educators in each community serve as links between women at risk and clinics providing STD treatment and prevention counseling services.

Through drama, group discussions, and one-on-one counseling, the peer educators increase AIDS awareness, knowledge of risk and prevention, and demand for condoms. The peer educators also serve as sales agents for the condom social marketing component, and sold 10% of the more than two million condoms sold in the first year.

Development of a National Counseling Program

The NACS is working with hematologists and blood bank personnel to develop national guidelines for AIDS counseling and plans for implementing a country-wide training program. Regional train-the-trainer workshops implemented by WHO will be held for health and social workers to complement the training. A counseling and information center has been created to provide support for HIV-infected persons and their families. Recommendations have been formulated for implementing a model system in Yaounde.

Monitoring Rates of HIV and Syphilis

USAID is providing technical and financial assistance to the NACS for establishment of a national system of sentinel surveillance. Sentinel surveillance information is used to monitor rates of HIV and other STD infections, in order to determine program priorities and assess the impact of interventions. On a monthly basis cohorts of pregnant women, first-time patients at STD clinics, newly-hospitalized tuberculosis patients, and blood donors are now being screened in the capital city of Yaounde. The program has also been initiated in the cities of Douala, Garoua and Bertoua.

AIDS Education and Training

Save the Children Federation is working to develop a network of trainers in the Far North province, made up of rural health care workers and secondary school teachers who will teach the facts, skills, and attitudes that will help people protect themselves, their families, and their communities against HIV infection. In several urban

areas project staff have also set up education programs for migrant prostitutes, who are difficult to reach because of language barriers and lack of permanent residence.

Research on the Efficacy of Barrier Methods

The NACS is conducting a prospective study of the association between barrier contraceptive use and HIV and STD infection rates among prostitutes. A cohort of 303 prostitutes is being followed to determine incidence rates of HIV, gonorrhea and syphilis, to gauge the acceptability of condoms and spermicides, and to evaluate the effectiveness of both condoms and spermicides in preventing infection among prostitutes.

National Quality Assurance Program for HIV Testing

USAID is providing technical assistance, supplies, and training to the NACS to reduce HIV transmission through blood transfusions and this is being supported by development of a national quality assurance program for HIV testing. Training has taken place in provincial and district hospitals, where trainers of laboratory personnel were instructed in the use of two rapid blood screening methods. To date, 20 trainers who received initial training have trained an additional 26 laboratory technicians at the district hospital level. Some 15,000 HIVCHEK and rapid tests have been provided for laboratory use. Physicians are also being instructed about the need to reduce the number of unnecessary transfusions.

Feasibility Study of a Rapid Test for HIV

International Health Services, a U.S.-based private voluntary organization, is conducting early field trials of a new rapid and simple test for HIV antibodies. The test employs a unique packaging system and may be produced at a very low cost. Early trials indicated that the technique is clinically feasible. Further studies are being conducted to determine whether it withstands developing country conditions.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.



GHANA

SITUATION ANALYSIS: HIV is spread primarily through heterosexual contact. One initial factor contributing to the early spread of the epidemic in Ghana is an internationally mobile prostitute population. The epidemiology is changing. The Ghanaian population is young and multiple partner behavior is common, facilitating the spread of the infection into the general population. There is also frequent travel between cities and rural areas; an increasing rural prevalence is likely. The major areas of infection appear to be Ashanti and Eastern Regions.

Reported Cases: 1732

(Date of last report: 7/31/90)

***Increase over 1989 Report:** 38%

Total Population: 15,012,300

Cumulative Incidence: 115.2 per million

****HIV Seroprevalence:**

Urban - High Risk 25.2%

Low Risk 2.2%

*****Number of Condoms Available per Urban Adult Male:**

1989 - 4.3

1990 - 21.9

USAID STRATEGY: Programs are designed to check the impending spread into the general population. Up to now, interventions to reach high-risk groups, such as prostitutes, long distance truck drivers and the military have predominated, but the need to reach the general population is now evident. USAID is beginning a nationwide information, education and communication campaign to prevent the adoption of lifestyles that promote high-risk behavior.

USAID FUNDING, 1990: \$31.591 (\$774,930 was obligated in 1989 for multi-year project funding).

USAID-SUPPORTED COUNTRY PROGRAMS

Intervention with Prostitutes

USAID, in collaboration with the Ministry of Health, is expanding the scope of a pilot education and condom distribution program to educate a total of over 2,000 women about sexual transmission of HIV, the need to use condoms, and the need for early detection and treatment of STDs. The program also includes the development of an educational outreach program and condom distribution system for the women and their partners, and the development and evaluation of a strategy for cost recovery to promote program sustainability.

Assistance to Ghana Armed Forces

To meet the major challenge of encouraging men to take responsibility for prevention, the Ghana Armed Forces (GAF) has designed and implemented a comprehensive AIDS/STD prevention program for all its soldiers. The following components are incorporated: 1) educational intervention with condom promotion and distribution; 2) HIV/STD surveillance; and 3) strengthening of STD clinic services. This kind of targeted intervention may help in meeting the challenge of providing men with comprehensive sexual health programming and may serve as a prototype for other AIDS prevention projects as well as other interventions targeted at men.

Nationwide HIV/AIDS Information, Education, and Communication

USAID is assisting the Ministry of Health to develop a nationwide multimedia education campaign to provide accurate information about HIV/AIDS. This will be supported by training and managing HIV/AIDS Counselors, and by developing an NGO coalition to design and implement community outreach programs.

Training of Trainers and Prevention Counselors

The project continues to train and monitor local trainers and counselors from many different disciplines, in order to build local capacity to carry on HIV/AIDS prevention efforts beyond the project's lifetime.

Basic Research

Preliminary research has begun on pre- and post-intervention KABP studies among older adolescents. This research will determine current knowledge and practices, and assess the relative effectiveness of a public information campaign in achieving the knowledge, attitude, behavior and practice objectives.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

KENYA

SITUATION ANALYSIS: HIV is spread primarily through heterosexual contact; while still predominantly affecting vulnerable subgroups, infection within the general population is increasing. The Trans-African highway runs through Kenya; this, plus Kenya's coastal position and very high urban growth rates contributes to the socioeconomic determinants of the epidemic. The private sector, especially indigenous PVOs, constitutes a well-developed infrastructure for primary health care delivery and provides a basic network on which to add AIDS prevention services.

Reported Cases: 9139

(Date of last report: 5/31/90)

***Increase over 1989 Report:** 34%

Total Population: 24,745,600

Cumulative Incidence: 370 per million

****HIV Seroprevalence:**

Urban - High Risk 59.2%

Low Risk 7.8%

Rural - Low Risk 1.0%

*****Number of Condoms Available per Urban Adult Male:**

1989 - 17.9

1990 - 17.1

USAID STRATEGY: USAID AIDS activities focus primarily on education, counseling, and condom promotion/distribution, and build upon existing NGO infrastructure. Prevention services target both those whose behaviors place them at highest risk of infection (including prostitutes, STD clinic patients, and transport workers) and adolescents, hopefully before they are faced with choices of whether to adopt dangerous sexual practices. Public sector involvement is focused on ensuring that AIDS/HIV issues are thoroughly integrated into MOH basic and in-service training programs for service providers.

USAID FUNDING, 1990: \$1,030,732

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education and Condom Distribution Among Truck Drivers

The African Medical and Research Foundation (AMREF) is providing AIDS and STD education and condom distribution to truckers and prostitutes at two truck stops along the Trans-African highway through a pilot project. The project will be expanded to two additional truck stops and the depot in Mombasa. Male and female health educators are trained to provide prevention education to individuals and groups, as well as educational materials and condoms at the truck stops. To date, 11 peer educators have distributed 39,000 condoms. The program is linked to a similar project being carried out by AMREF in Tanzania.

Community-Based Outreach Among Urban Poor in Nairobi

Crescent Medical Aid (CMA), a local PVO, has held two workshops to train 18 community-based distributors (CBDs) in AIDS prevention education and counseling, educational material production, planning of outreach activities, and condom distribution. To date, close to one million condoms have been distributed. An extension to the project is designed to bring together the CMA CBDs, the community, and CARE Kenya to produce educational material targeted to the adolescent population. Assistance will be provided in training CMA's physicians, nurses, and laboratory technologists in prevention and management of STDs, and upgrading laboratory facilities for STD diagnostics.

Information, Education, and Communication Campaign and Counseling Services

World Vision Relief and Development (WVRD) has integrated AIDS education and prevention activities into existing health education programs in four areas: two urban slum areas near Nairobi, a periurban area 20 km. from Nairobi, and one Maasai tribal site. Working in close collaboration with the National AIDS Control Program (NACP) and other NGOs and community groups, the project builds upon active community-based health and development activities. The main links to each community are four

community motivators from each of the four areas who are trained as AIDS educators. Project staff have held education sessions for a diverse array of groups, including (but not limited to) prostitutes, traditional birth attendants, youth groups, prisoners, and pregnant mothers.

KABP Survey of Adolescents Concerning AIDS and STDs

USAID continues to provide technical assistance to the Center for the Study of Adolescents to develop a strategy for a secondary school-based AIDS prevention intervention. Assistance is being provided in the development and implementation of a national survey of secondary students and the design and testing of a pilot intervention based on the findings of the KABP survey.

Assistance to Kenya Red Cross Society Counseling Training Program

Funding is being provided to the Kenya Red Cross Society for the printing and distribution of training and reference materials for counseling training, the production of counseling training videos and the training of 20 staff members of the National Public Health Laboratory Service (NPHLS) in pre- and post-HIV test counseling.

Quality Assurance for HIV Testing

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

Blood Bank Data Management System

The National Public Health Laboratory is developing a computer-based management system for tracking blood donors and recipient histories, risk factors, reasons for transfusions, and HIV status. A 1,000-donor survey has been completed, and equipment and on-site training for data entry and reporting on blood donors is being provided. Results will be used to improve donor selection, recruitment, and deferral guidelines.

Clinical Trials of PATH HIV Dipstick Assay

A simple, rapid test for HIV which was developed by the Program for Appropriate Technology in Health

(PATH) is being field tested in two laboratories in Kenya. Sensitivity, specificity, and practical application are being evaluated.

AIDS Prevention Workshops for Family Planning Providers

The Ministry of Health's Family Health Division conducted a five-day workshop in which staff members from ten public and private family planning programs were instructed in HIV prevention and how to counsel their clients about AIDS and STDs. Technical assistance and financial support are also being provided to integrate AIDS information into the curriculum for basic training of family planning workers.

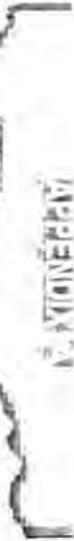
AIDS and STD Prevention and Awareness

USAID is working in collaboration with Minnesota International Health Volunteers (MIHV) to increase awareness about the transmission and prevention of AIDS and STDs. As a component of a larger Child Survival project in Dagoretti, a slum area of Nairobi, the project uses the community-based health care approach to reach women of reproductive age. Health care professionals provide information in the newly constructed clinics and community health workers go door-to-door to build a solid base of information about AIDS and other STDs and how they are transmitted.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.



MALAWI

SITUATION ANALYSIS: Malawi is one of East Africa's most seriously affected countries. High seroprevalence rates among urban pregnant women indicate that the disease has spread into the general population. One socioeconomic factor which may increase the spread of the HIV infection is the agricultural base of the economy which creates seasonal, migratory labor within Malawi.

Reported Cases: 7160

(Date of last report: 1/8/90)

***Increase over 1989 Report:** 64%

Total Population: 9,150,000

Cumulative Incidence:

786.8 per million

****HIV Seroprevalence:**

Urban - High Risk 55.9%

Low Risk 23.3%

*****Number of Condoms per**

Urban Adult Male:

1989 - 6.5

1990 - 48.7

USAID STRATEGY: In response to the wide-spread epidemic, USAID prevention programs support information campaigns that reach the general population. Young people make up the majority of Malawi's population. Because of this, special emphasis is placed on prevention education for school-aged children.

USAID FUNDING, 1990: \$1,076,629

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education in the Schools

USAID is providing technical assistance for development of a curriculum on AIDS education for primary, secondary, and tertiary schools in Malawi. The curriculum has been developed and revised through pre-testing of materials in 39 schools. The project also involves teacher training, materials production, implementation in the schools, and subsequent evaluation and revision of the materials. To further evaluate the intervention, data analysis of the national KABP survey will be followed by proposals for studies among school-aged populations.

Surveillance, Screening, Counseling, Laboratory Services

The Johns Hopkins University, working out of Queen Elizabeth Hospital in Blantyre, has screened 3,891 pregnant women for antibodies to HIV at the hospital's antenatal clinic. The pregnant women were interviewed to assess their risk factors for HIV infection in the previous three years. The project has trained counselors to counsel the women on the relationship between STDs and HIV, and how to prevent both.

AIDS Education and Counseling Project

Project Hope is working directly with the Private Hospital Association of Malawi (PHAM), a consortium of all Christian health units in the country, as well as in collaboration with the National AIDS Control Program, to train PHAM-affiliated ministers, priests, and nuns to provide AIDS education and counseling to their congregations.

Surveillance and Modeling of the AIDS Epidemic

Technical and financial assistance are being provided in improving HIV, AIDS, and STD surveillance, in studying the health care costs of the AIDS epidemic, and in building a model to better understand the course of the epidemic and its future impact on the nation.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

TANZANIA

SITUATION ANALYSIS: The rates of HIV infection and other STDs are high in Tanzania. One contributing factor is that the Trans-African highway creates a highly mobile segment of the population, namely truckers and other transport workers, whose members often are at increased risk of infection due to lifestyles involving multiple sexual partners. The prostitute community is similarly mobile. HIV infection is now spreading into the general population. Community-based services are increasingly called upon to meet Tanzania's growing health care needs.

Reported Cases: 7128

(Date of last report: 7/27/90)

***Increase over 1989 Report:** 21.0%

Total Population: 25,907,900

Cumulative Incidence:

275.2 per million

****HIV Seroprevalence:**

Urban -High Risk 38.7%

Low Risk 8.9%

Rural - High Risk 11.7%

Low Risk 5.4%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 20.8

1990 - 35.6

USAID STRATEGY: Interventions initially limited to prostitutes and transport workers are being expanded to include the larger segment of the population now at risk. To accomplish this, USAID is strengthening the capacity of private sector non-governmental organizations. Increased support for STD control services are an important component of HIV/AIDS interventions.

USAID FUNDING, 1990: \$848,983

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education and Condom Distribution Among Transport Workers

The African Medical and Research Foundation and the National AIDS Control Program have implemented an AIDS prevention program to promote safer sexual practices, including use of condoms among truck drivers, travelers, and prostitutes along major transport routes. Community motivators are trained to provide education and build awareness, and peer educators are selected to work intensively with target groups within their communities. To date, 11 peer educators have distributed 725,000 condoms. Approximately 250,000 educational pieces including posters, windshield stickers, and other informational materials have been produced and distributed as well. To complement this project, USAID will provide assistance to improve STD services in selected occupational and company health clinics in the private sector which service high numbers of transport workers. Available STD services have been evaluated, and laboratory capabilities and needs at selected occupational health and company clinics have been assessed.

AIDS Education in the Workplace Campaign

The Tanzanian national labor union and a national NGO umbrella organization both have begun to develop train-the-trainer programs aimed at providing HIV/AIDS education and support for behavior change to 20,000 people in industrial and service sector facilities, and community-based organizations. Two hundred and sixty core AIDS-dedicated personnel and counselors have been trained in program design and how to effectively present HIV/AIDS information and sexual behavior issues to other colleagues and neighbors in the workplace and the community. Program planning activities have begun and strategies are being implemented for enlisting top management commitment and support for their respective AIDS in the Workplace programs.

Social Marketing of Condoms

A new commercial condom was developed and launched in coordination with the Government of Tanzania, a local public relations firm, and a local distributor. A preferred brand name (Salama, meaning "safe" in Kiswahili), and packaging were identified through consumer research and testing, and focus group discussions helped researchers and a local artist to develop a new set of illustrated condom instructions. The first shipment of 1.5 million Blue-Gold condoms will be placed in more than 4000 retail outlets nationwide in the first half of 1991.

AIDS Counseling

USAID is providing assistance to the first Tanzanian AIDS counseling organization to establish an office and hire core personnel. Those personnel have received comprehensive training in program design, counseling skills and approaches, and management of a broad volunteer care and support network. The organization provides various counseling and support services to persons with AIDS and their families and friends, in addition to assisting other institutions struggling with issues of AIDS-related grief and loss.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

UGANDA

SITUATION ANALYSIS: Uganda is one of the hardest hit and most vulnerable countries with respect to the AIDS pandemic. Following upon years of civil strife and devastation, AIDS brings further strain to the economic and social systems. Uganda is also among the world's pioneers in AIDS prevention with leadership and service being organized by the very people who are threatened. The government of Uganda, having recognized that AIDS is a societal threat, not a health problem, is working hand-in-glove with the major donors to establish a multisectoral prevention program.

Reported Cases: 17,422
(Date of last report: 6/30/90)
***Increase over 1989 Report:** 58%
Total Population: 17,954,580
Cumulative Incidence:

973.3 per million
****HIV Seroprevalence:**
Urban - High Risk 86.0%
 Low Risk 24.3%
Rural - High Risk 76.0%
 Low Risk 12.3%

*****Number of Condoms Available per Urban Adult Male:**
1989 - 15.2
1990 - 10.3

USAID STRATEGY: In close cooperation with the commercial and PVO sectors and the government, USAID has established a prevention strategy at the societal level that supports voluntary behavior change and forecasting and preparing for future societal changes. USAID provides leadership and guidance in policy and strategy formulation, funds activities, coordinates other donors, and provides training and technical assistance in support of these activities.

USAID FUNDING, 1990: \$1,969,087

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS in the Private Sector

USAID has developed a program involving the Experiment in International Living (EIL) and the Federation of Uganda Employers (FUE), the AIDS Support Organization (TASO), the Sexually Transmitted Disease Service of the MOH, the AIDS Information Center (AIC), the military and the National AIDS Secretariat in the future societal impact and in the prevention of the spread of the infection. EIL and the FUE have assisted in the development of peer-oriented HIV/AIDS education and prevention programs in more than 50 companies and community-based organizations. These trainers voluntarily change their behavior and then act as role models for others both through personal example and through their education of others. TASO has trained 200 health counselors; the AIC has tested and counseled 10,000 people, and the military has educated several hundred more.

AIDS Education Film for the General Public

FUE, EIL, and Uganda Television, with technical assistance from USAID, have completed the first dramatic film about AIDS written and produced in Africa. The film, entitled *It's Not Easy*, portrays the impact of AIDS on a young family, their friends and their workplace. The dramatic format affords a powerful vehicle for delivering facts about HIV/AIDS and promoting safer sexual behavior and acceptance of people with AIDS in the workplace and community. *It's Not Easy* premiered on Uganda Television on December 1, World AIDS Day. The Ministry of Information has received two 16mm copies for use in its mobile vans, and discussion guides are being developed to accompany videotape showings to smaller groups in the AIDS in the Private Sector project.

AIDS Modeling Project

Uganda is the first African country to use the AIDS Impact Model, which uses available epidemiologic information to help developing-country officials better understand the nature of the AIDS epidemic and its future consequences for their country. A graphically-oriented computer model helps policymakers visualize the cost and benefits of alternative interventions.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

ZAIRE

SITUATION ANALYSIS: Though complete data are not available, major urban centers have demonstrated high prevalence rates of HIV infection; the virus is present, but in much lower rates in rural areas, and is expected to increase in the next decade. Although prevalence rates in Kinshasa appear to have remained constant over the last three years, further research and data analysis is needed to determine what factors have led to a perceived stabilization. The primary mode of HIV transmission is through heterosexual intercourse, but perinatal transmission and blood transfusion infection are also significant problems. Overall HIV seroprevalence is high and remains a critical health problem. The AIDS epidemic has been well-studied in Kinshasa; local biomedical and socio-behavioral research capacity is relatively strong as Zaire has been a center for international research on AIDS since the mid-1980s.

Reported Cases: 11,732

(Date of last report: 1/31/90)

***Increase over 1989 Report:** 60%

Total Population: 36,222,400

Cumulative Incidence:

324.1 per million

****HIV Seroprevalence:**

Urban - High Risk 37.8%

Low Risk 6.0%

Rural - High Risk 17.7%

Low Risk 3.6%

*****Number of Condoms Available per**

Urban Adult Male :

1989 - 4.1

1990 - 8.4

USAID STRATEGY: To support the National AIDS Prevention & Control Program in its efforts to prevent HIV transmission and thereby reduce HIV-associated morbidity and mortality by defining the magnitude of AIDS, educating the public and providing training about HIV/AIDS prevention.

USAID FUNDING, 1990: \$2,721,687

USAID-SUPPORTED COUNTRY PROGRAMS

Contraceptive Social Marketing Project

USAID has expanded the Contraceptive Social Marketing (CSM) program implemented by Population Services International (PSI) which currently operates nationwide. The CSM project promotes the use of condoms and spermicide while making these products widely available at affordable prices throughout the country. The expanded CSM project has effectively created widespread awareness and demand for its products by combining a dynamic private-sector market approach and an innovative promotion and educational campaign. Condom sales have risen from 935,000 in 1988 to over 8,000,000 in 1990. Continued expansion of project activities will concentrate on reaching untouched sectors of the population as well as continuing to target those whose behavior places them at high risk of infection.

Mass Media AIDS Project

A collaborative effort between USAID, Population Services International (PSI), and the Zaire National AIDS Committee, this project is helping the government to produce and disseminate an effective and cohesive national AIDS educational campaign through mass media channels. The information, education and communication campaign is targeting youth, young adults and the general public and aims to inform the public of AIDS, reduce misconceptions about HIV transmission, increase knowledge about modes of HIV transmission and encourage the adoption of safe behaviors. The project uses a wide variety of media to diffuse its messages, including national and regional radio and television, print materials, and live performances.

Comparative Evaluation of Approaches to Condom Social Marketing

This project evaluates two different approaches to condom social marketing in the Francophone African countries of Cameroon and Zaire. The Cameroon project operates through an existing national wholesaler; the Zaire project needed to create a condom distribution system. The implementation of the

projects, the outlets utilized, the condom distribution patterns, the coverage of target populations, and the impact on related institutions (such as family planning programs) will be assessed for each country and then compared.

Evaluation of Rapid Blood Screening Tests

The Basic Rural Health Project (SANRU) and the Christian Church of Zaire have collaborated with USAID to evaluate the performance of rapid assay blood screening tests in rural settings. SANRU has developed and distributed guidelines for reducing unnecessary blood transfusions for five participating hospitals and provided training for HIV pre- and post-testing counseling. The results of the evaluation conclude that simple, rapid tests for detecting HIV are technically appropriate for use in rural settings in Zaire and are relatively inexpensive compared with more traditional HIV detection technology. USAID and SANRU plan to collaborate with CDC/NIH at Project SIDA to expand this activity into 25 hospitals in 1991.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

ZIMBABWE

SITUATION ANALYSIS: One factor which contributes to the very high rate of HIV infection is the migration of much of the young adult population to urban centers for employment. Zimbabwe has a relatively strong urban economy, and a well-developed infrastructure that facilitates movement within the country. Many women for whom formal employment is unavailable become prostitutes. Such highly mobile and economically unstable populations are especially vulnerable to HIV infection, accounting for much of the virus' spread throughout the country.

Reported Cases: 5,249
(Date of last report: 9/30/90)

Increase over 1989 Report:
not available

Total Population: 9,651,200

Cumulative Incidence:
546.8 per million

****HIV Seroprevalence:**

Urban - High Risk not available

Low Risk 3.2%

Rural - High Risk 6.6%

Low Risk 1.4%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 20.6

1990 - 86.3

USAID STRATEGY: USAID programs build upon a fairly strong municipal health care infrastructure, an extensive commercial farming system, and broad PVO networks. Though interventions have been primarily urban-based, the rapid spread of HIV infection has increased the need for prevention activities in rural areas, and USAID will complement programs that have been successful in urban communities with education and prevention services for the rural areas.

USAID FUNDING, 1990: \$387,476

USAID-SUPPORTED COUNTRY PROGRAMS

Intervention with High-Risk Groups in Bulawayo

The City Health Department of Bulawayo seeks to reduce HIV transmission among prostitutes, their sexual partners, and STD patients through peer education, motivational outreach programs, and condom distribution. As of October 1990, an estimated 500,000 condoms had been distributed. Supplies and equipment are also being provided to improve the services of the STD clinics. This project is being replicated in two additional cities in Zimbabwe with technical assistance from staff of the Bulawayo project.

Training of Trainers for AIDS Education

Save the Children is working to develop a network of trainers who will teach the facts, skills, and attitudes that will help people protect themselves, their families, and their communities against HIV infection. This program targets Village Community Workers (VCWs) and MOH staff from rural clinics who will go on to train families in two large impact areas. Farm Health Workers (FHWs) for a commercial farming area are trained, and Community Leaders are given training to support the activities of the VCWs and FHWs. The Field Office has also begun development of an AIDS game for urban teenagers which will be used as an "ice-breaker" to stimulate discussion.

AIDS Awareness in the Marondera District

World Vision Relief and Development is educating leaders of community groups, such as village development committees and the Commercial Farmers' Union, in the Marondera district, which contains a mix of commercial farm workers, subsistence farmers, and a small number of urban dwellers. The project also hopes to reach subsistence farmers by integrating an HIV/AIDS component into the ongoing training of traditional midwives and village community workers.

AIDS Education and Condom Distribution in the Commercial Farming Sector

USAID is providing technical assistance to the Commercial Farmers' Union of Zimbabwe for the implementation of an AIDS education and condom distribution program. CFU has a membership of 4,500 farmers and a workforce of 270,000. This one-year pilot program will establish pilot education programs on at least eight commercial farms. A condom distribution program will be established to make condoms accessible to all commercial farms within the CFU. Using the infrastructure of the CFU, each level of the union, from the leadership to farm laborers, is targeted. Qualitative and quantitative baseline information is now being gathered on several representative farms.

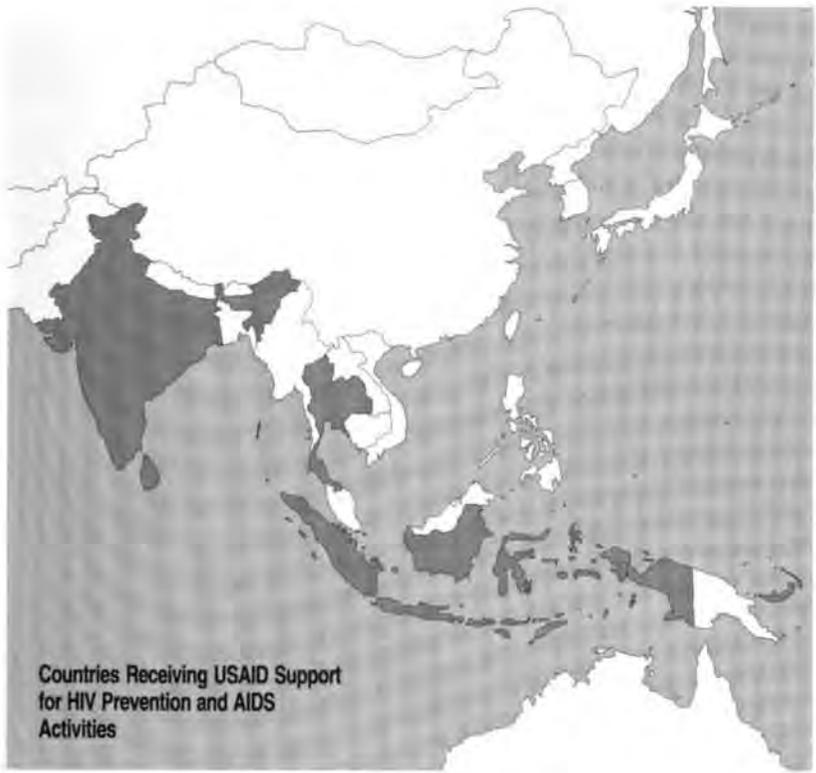
*This increase could be due to improvements in the reporting of existing AIDS cases, as well as to an increase in the spread of the AIDS virus.

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

ASIA REGIONAL SUMMARY

HIV Prevention and AIDS Activities Supported by USAID



	India	Indonesia	South Pacific Region	Sri Lanka	Thailand	Total
Technical Assistance Activities						
Condom Supply and Promotion				■	■	2
Conference Travel		■	■		■	3
Blood Product Safety	■					1
Health Care Financing						0
PVO Activities				■	■	2
Public Information Campaigns			■	■	■	3
Resident Advisors					■	1
STD Control					■	1
Epidemiology and Surveillance					■	1
Targeted Behavior Change					■	1

THAILAND

SITUATION ANALYSIS: The AIDS epidemic in Thailand has changed significantly over the last four years. Though IV drug users in Bangkok were the first to exhibit high HIV seroprevalence rates, recently the disease has surfaced among prostitutes in Bangkok, in outside provinces, and in northern Thailand. Many female prostitutes from the north travel to Bangkok and return, contributing to the interregional spread of the epidemic.

Reported Cases: 69

(Date of last report: 11/30/90)

***Increase over 1989 Report:** 54%

Total Population: 55,767,260

Cumulative Incidence:

1.2 per million

****HIV Seroprevalence:**

Urban - High Risk 18.9%

Low Risk .0%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 8.9

1990 - 2.6

USAID STRATEGY: In response to the changing nature of the epidemic in Thailand, USAID's strategy has shifted on two levels: from focusing interventions primarily on IV drug users to targeting prostitutes as well, and expanding activities from the Bangkok area to outside provinces and northern Thailand. While maintaining interventions involving IV drug users, USAID is replicating programs that have been successful in changing sexual behavior in vulnerable communities and is testing new strategies in areas outside the capital city.

USAID FUNDING, 1990: \$366,828

USAID-SUPPORTED COUNTRY PROGRAMS

Taxi-Based AIDS/HIV Education/Prevention Project

The Population and Community Development Association (PDA), a community-based PVO, has initiated a project which targets 800 Bangkok taxi drivers for training as condom social marketing agents. Drivers undergo training on providing basic AIDS prevention messages that can be used to promote safer behavior among their customers, including prostitutes and their clients. Two AIDS intervention techniques (use of cassette tapes on condom use and AIDS, and personal communication between taxi drivers and customers) and two condom distribution systems (resupply of drivers from PDA headquarters, and resupply of volunteer distributors at taxi cooperatives) are being tested, and will be evaluated over the next six months.

AIDS Intervention for IV Drug Users

The Program for Appropriate Technology in Health (PATH) assisted the Bangkok Metropolitan Association (BMA) to develop, evaluate and disseminate a mix of effective technologies and educational interventions that help slow HIV transmission among intravenous drug users (IVDUs) in Bangkok. Outreach workers and community health volunteers provide AIDS information and counseling and distribute condoms at five of BMA's 17 detoxification clinics. Recovering IV DU peer educators are an effective means of reaching this segment of the population to promote AIDS prevention. The project is now operating independently.

Klong Toey AIDS Education Project

The Duang Prateep Foundation (DPF) is a grassroots development organization that has been successful in motivating and supporting sustained recovery from heroin addiction in the Klong Toey slum region of Bangkok. Trained volunteers and ex-IVDUs are being used to reach drug users and their families and sexual partners for HIV testing, AIDS education and condom distribution, and education toward eliminating IV drug use. Thus far, 20,000 free condoms have been distributed; 1,200 outreach workers, public health educators, and peer

educators have been trained; and 15,000 educational booklets have been distributed. Over 1,000 people attended an exhibition which provided AIDS information. AIDS education workshops have also been conducted for parent groups and police in the area. DPF plans to expand outreach activities to include adolescents in the Klong Toey slums as well as IVDUs in adjacent neighborhoods.

AIDS Education in Institutions

In partnership with the PDA, USAID is developing an AIDS education program in 300 major institutions in Thailand, including private companies, government agencies, state-owned businesses, and educational institutions. AIDS in the workplace volunteers have been identified to disseminate information about AIDS and preventing HIV transmission, using an AIDS information kit which will be developed during the project.

Northern Provinces Initiative

In collaboration with the AIDS Center of the Thai Ministry of Health, a plan has been developed to address the problem of HIV/AIDS in the northern region of Thailand. The plan consists of strengthening the health infrastructure, and testing new and innovative approaches in a pilot province to determine the most effective mix of HIV prevention and control activities. A training workshop on condom stock management for staff of the five northern provinces was successfully completed as one of the first activities under this initiative. This will serve to minimize stock imbalances and shortages in the future.

Public Information/Training of Health Care Personnel

A curriculum on prevention counseling for a training session of BMA health care personnel was completed, and a five-day intensive workshop on social marketing methodologies was conducted for 50 health managers from throughout the country. The curriculum and the workshop were the first of their kind in Thailand, and both will become the basis for an ongoing series of training in and around Bangkok, and may serve as a model for more training in provinces outside the capital.

Basic Research

A quantitative survey of AIDS-related knowledge, attitudes, and behaviors among Thais nationwide was conducted by DEEMAR Limited and was the first of its kind in Thailand. A dissemination seminar was conducted for approximately 75 representatives of government, nongovernmental, and private sector agencies at which data from the DEEMAR study and a qualitative study of Bangkok sex workers completed earlier were presented publicly. The government immediately began to use the data to refine its public information campaign on AIDS prevention.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

EUROPE & NEAR EAST REGIONAL SUMMARY

HIV Prevention and AIDS Activities Supported by USAID



	Morocco	Philippines	Turkey	Yemen	Total
Technical Assistance Activities					
Condom Supply and Promotion	■	■	■		3
Conference Travel	■	■		■	3
Blood Product Safety					0
Health Care Financing					0
PVO Activities	■	■			2
Public Information Campaigns	■	■			2
Resident Advisors		■			1
STD Control	■	■			2
Epidemiology and Surveillance	■				1
Targeted Behavior Change	■	■			2

PHILIPPINES

SITUATION ANALYSIS: HIV seroprevalence rates thus far are relatively low. Though AIDS was initially contracted by Filipinos living abroad who returned home with the disease, HIV is now endemically transmitted. Some contributing factors are the extremely high rate of urbanization, and the very low per capita income, which have led to the increased involvement of both males and females in the commercial sex industry in the Philippines and abroad. In addition, many other Filipinos continue to work in countries where risks of infection are much higher. The Philippines has a well-developed health care system, strong local technical resources, and a strong STD control infrastructure.

Reported Cases: 42

(Date of last report: 12/01/90)

*Increase over 1989 Report: 28%

Total Population: 60,684,887

Cumulative Incidence:

.69 per million

****HIV Seroprevalence:**

Urban - High Risk 0.1%

Low Risk .0%

Rural - High Risk 0.1%

*****Number of Condoms Available per Urban Adult Male:**

1989 - .05

1990 - .52

USAID STRATEGY: As studies have shown that public misinformation regarding the disease is high, USAID has concentrated on building a base of accurate information about the disease for the public and for specific target groups believed to be at higher risk; policy dialogue to motivate action in AIDS prevention; improving

surveillance; and blood testing capabilities. Further concentration is planned on education efforts. For these activities, both the government and private sector agree that PVOs and NGOs can reach identified target groups most effectively, and USAID's efforts to increase involvement of such organizations in behavior change programs and STD diagnosis and treatment will continue.

USAID FUNDING, 1990: \$1,304,447

USAID-SUPPORTED COUNTRY PROGRAMS

Multi-Media Campaign and Telephone Hotline Service

Using data from KABP surveys of the general population and five "sentinel" population groups believed to be at increased risk of HIV infection, the Government of the Philippines has developed strategies and messages for a general information media campaign about AIDS. After extensive pre-testing, the campaign was launched in television, radio, and newspaper formats in Metro Manila. To enhance support for the campaign and monitor its reach and effectiveness, a telephone hotline was also established. The results indicated that the campaign reached audiences effectively, markedly decreased false beliefs and misinformation, and significantly changed attitudes about AIDS and preventive behavior.

Health Education and Intervention Program for Prostitutes

USAID is promoting safer sexual practices among urban hospitality workers to prevent the spread of HIV, and uses KABP surveys to identify risk behavior and determine AIDS education needs. Counselors and educators continue to be trained to work both at the Social Hygiene Clinics and in bars and massage parlors. A local AIDS Prevention Task Force was developed to set policy and complement the efforts of project staff. The task force includes members from local business establishments, political officials, media, schools, legal advisors and prostitutes. Based on an initial project successfully implemented in Metro Manila, a second project was initiated in Olongapo and Angeles City with these cities' health departments

and city councils. This project has trained 1,429 outreach workers, peer educators, and public health educators, who have in turn given training to an estimated 36,000 people in Olongapo and Angeles City.

Upgrading of Social Hygiene Clinics

USAID provided assistance to the Communicable Disease Control Center, Department of Health, to upgrade 13 social hygiene clinics. This included providing necessary equipment and supplies and establishing four regional STD diagnosis and treatment training programs for social hygiene clinic personnel. Training of 285 STD clinic staff was completed and includes approximately 70% of the country's medical staff who work directly with STDs. The upgrading of equipment in 13 clinics was completed, and an STD procedural manual was developed to be used throughout the country.

Condom Market Analysis

Asia Research Organization, an independent marketing and opinion research agency in the Philippines, conducted a market analysis on condoms in three urban centers in preparation for an upcoming condom social marketing campaign. The analysis found that commercial distribution of condoms is dominated by the public sector, and that though opportunities exist for private sector distribution, private outlets have not been fully utilized.

Upgrading Regional Blood Centers

USAID provided technical assistance to the Division of Standards and Regulations, Department of Health, in its overall plan to upgrade 19 regional blood screening laboratories. Funds have been provided for equipment and training. The project has greatly increased the Bureau of Research and Laboratories' (BRL) ability to screen the blood supply for HIV infection and complements WHO/GPA support to the BRL.

Evaluation of Blood Pooling Technique

Assistance was provided to the Research Institute of Tropical Medicine (RITM) to evaluate a blood pooling technique to determine whether pooling sera and testing batches of specimens is a cost-effective measure for screening blood in

areas of low HIV prevalence. The evaluation found that serum pooling is an appropriate, cost-saving measure to be considered by laboratories in the Philippines; that the accuracy of tests was not compromised when small numbers of sera were combined in pools of five samples, and that the SERODIA agglutination test was the best suited for pooling up to 15 samples and was the most cost-effective.

Financial Planning of Health Screening Resources

A financial analysis was conducted with RITM that measured the current and projected demand for HIV blood screening and the resources available for meeting the demand. Results will be used to develop a plan for the Ministry of Health to reduce resource shortfall. Preliminary findings indicate that significant cost savings are possible by collecting and screening large volumes of blood, by utilizing specialized blood collection and screening facilities, and by making HIV screening a routine part of the blood processing regimen.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

LATIN AMERICA AND THE CARIBBEAN REGIONAL SUMMARY

HIV Prevention and AIDS Activities Supported by USAID



	Antigua & Barbuda	Barbados	Belize	Bolivia	Brazil	Chile	Colombia	Costa Rica	Dominica	Dominican Republic	Ecuador	El Salvador	Grenada	Guatemala	Haiti	Honduras	Jamaica	Mexico	Peru	St. Kitts	St. Lucia	St. Vincent	Trinidad & Tobago	Total
Technical Assistance Activities																								
Condom Supply and Promotion	■	■		■	■		■	■	■	■	■	■	■	■	■	■	■	■	■		■	■	■	20
Conference Travel	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	23
Blood Product Safety				■						■	■	■		■		■	■						■	8
Health Care Financing										■								■					■	3
PVO Activities		■	■	■	■		■	■		■	■	■		■	■		■	■	■		■		■	16
Public Information Campaigns	■				■		■	■		■	■	■		■	■		■	■	■		■	■	■	15
Resident Advisors					■					■					■		■					■	■	6
STD Control	■	■		■	■		■			■	■	■		■	■		■	■				■	■	15
Epidemiology and Surveillance				■						■	■	■			■		■						■	7
Targeted Behavior Change	■	■		■	■		■	■		■	■			■	■		■	■	■		■	■	■	16

DOMINICAN REPUBLIC

SITUATION ANALYSIS: HIV transmission is predominantly heterosexual, driven by a cultural acceptance of multiple partners, and a large commercial sex industry of males and females which is national and international in nature. A large immigrant mobile population from neighboring high-prevalence countries, and a significant tourist industry also contribute to the spread of the epidemic. The AIDS case ratio of male to female is 2:1, and though the disease has occurred primarily in those people practicing high-risk behaviors, it is now spreading into the general population as well. The Dominican Republic's relatively strong infrastructure and active private sector provide a solid base on which to build AIDS prevention services.

Reported Cases: 1485
(Date of last report: 12/31/90)
***Increase over 1989 Report:** 19%
Total Population: 7,166,610

Cumulative Incidence:

209.1 per million
****HIV Seroprevalence:**
Urban - High Risk 2.6%
Low Risk 1.6%

*****Number of Condoms Available per Urban Adult Male:**
1989 - 3.5
1990 - 1.0

USAID STRATEGY: In addition to supporting PROCETS, the Dominican National AIDS Control Program, USAID invests in the private sector through PVOs and other organizations that have access to communities in which HIV is most easily spread. As the disease spreads into the general population, more emphasis is being placed on secondary target groups such as male clients of prostitutes, the male and female working class, the military, and prisoners.

USAID FUNDING, 1990: \$1,100,455

USAID-SUPPORTED COUNTRY PROGRAMS

Intervention Among Prostitutes in Santo Domingo and Puerto Plata

The national STD/AIDS control program (PROCETS), and the Center for Investigation and Research (COIN) are recruiting peer health educators through STD clinics and commercial sex establishments. One hundred twenty-eight health messengers from Santo Domingo and Puerto Plata are being trained to educate their peers about prevention of AIDS and STDs and to distribute condoms among the 6,000 prostitutes being reached by the project. To date, nearly 500,000 condoms have been distributed through peer health educators and STD clinics. Educational materials are being developed for health messengers to use to encourage their co-workers to practice safer behaviors. Research indicated a need for prostitutes to become confident in their ability to negotiate condom use with their clients and with regular partners, and to change traditional beliefs about STDs. Specific materials developed with the women address these issues.

Public Information/Mass Media Campaign

USAID provided assistance in the development, evaluation, and placement of two new TV, radio, and print campaigns. The first campaign focuses on fidelity within partnerships and on condom use, and the second on promotion of the AIDS hotline, and compassion for people with AIDS.

Peer Education/Training

A training manual was developed, tested, and refined for peer outreach workers interacting with persons at risk. The training programs using these manuals incorporate risk assessment, skills development, and materials dissemination. A six-hour training module has also been developed to train youth peer educators with an existing national sexual education program through the Family Planning Association, to educate their peers on HIV transmission and prevention. Thus far, 883 peer educators have been trained, and the project expects to reach 32,500 youth.

Research Among Men Who Have Sex with Men

An extensive six-city survey among men who have sex with men revealed a tremendous need for basic HIV-related information among those living outside the capital city, and who would prefer to receive HIV prevention information through "impersonal" channels such as the mass media or pamphlets. A second group, mainly in the capital, is well-informed about HIV prevention, and prefers interpersonal communication channels that offer more support rather than just information. Two distinct interventions are planned, based on research results, to reach these different segments of the target audience.

Decision Support Model for Blood Collection, Screening, and Transfusion

USAID is designing a decision support model to evaluate, estimate, and project the costs of alternative strategies of improving the collection, screening, and transfusion of blood. The model will be used to evaluate the resources necessary to 1) meet current and future demand for a safe blood supply, and 2) ensure an adequate level of safety in the blood system. The potential is being explored for use of the model in other countries without extensive reprogramming.

Serum Pooling for HIV Screening of Blood Donors

This project, in close collaboration with the National AIDS Committee (NAC) and the MOH, was designed to evaluate HIV antibody screening of pooled sera for potential use in field laboratories, and includes testing of individual and pooled sera using two assays for screening HIV antibodies. Training and upgrading skills of four laboratory technicians have also been completed.

Laboratory Technical Assistance

Technical assistance is being provided in close collaboration with PROCETS, the National AIDS Committee and the MOH to strengthen the capability of the National System of Laboratories to perform HIV screening and testing. Additional training and technical assistance is being considered to assist in establishing a National Quality Assurance Program for HIV screening and testing.

Financial Planning for Blood Donor Screening

A study is currently underway to determine the most efficient way to improve the local blood collection, screening, and transfusion system. This project was initiated with the Ministry of Health to plan for 100% blood donor screening for HIV infection and to improve the blood transfusion system as a whole.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

EASTERN CARIBBEAN

Includes: Antigua and Barbuda, Barbados, Dominica, Grenada, St. Kitts, St. Lucia, St. Vincent, and Trinidad and Tobago

SITUATION ANALYSIS: The Eastern Caribbean has a wide range of HIV seroprevalence with a few countries experiencing some of the highest rates in the world. The virus is predominantly heterosexually transmitted, as in many African countries. Young women looking to prostitution for economic security, and liberal sexual practices in general, are contributing factors. The small size of these countries could also contribute to the future catastrophic spread of the disease.

Reported Cases: 1017

(Date of last report: not available)

***Increase over 1989 Report:** 4%

Total Population: 2,146,890

Cumulative Incidence:

484.3 per million

****HIV Seroprevalence:**

(Trinidad & Tobago)

Urban - High Risk 13.0%

Low Risk .9%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 8.8

1990 - 12.0

USAID STRATEGY: USAID complements interventions that reach those whose behaviors place them at highest risk, with prevention campaigns that are geared toward the general population in an attempt to pre-empt the rapid spread of HIV that has occurred in similar settings.

USAID FUNDING, 1990: \$1,294,870

USAID-SUPPORTED COUNTRY PROGRAMS

Intervention in Four Communities in St. Lucia

USAID has developed and initiated educational and condom promotion activities with STD clinic attendees,

migrant workers, prisoners, and prostitutes. To date, over 100,000 condoms have been distributed.

Intervention with STD Patients and Prostitutes in Trinidad

The purpose of this project is to provide AIDS education and condoms to prostitutes and others attending STD clinics. The project has developed and tested appropriate educational materials for STD patients and has launched an outreach program to encourage prostitutes to adopt safer behavior and seek treatment for STDs. To date, 1,000 persons have been examined for STDs, and those diagnosed were treated. Over 96,000 condoms have been distributed.

Intervention with Prisoners in St. Vincent

USAID has developed a research and intervention model among prisoners in St. Vincent for use throughout the region; the survey of 116 men identified gaps on AIDS/STD knowledge and prevention practice but revealed a high degree of interest in learning more about AIDS/STD prevention.

National Knowledge, Attitude, Behavior and Practice Survey

In collaboration with the Caribbean Epidemiology Center (CAREC), the first regional KABP survey was developed for use in the six USAID priority countries in the region; surveys were conducted in two of the countries in 1990 to establish baseline data and to guide the development of a regional AIDS prevention communication campaign.

Condom Promotion and Distribution

USAID has provided technical assistance in marketing condoms in the region through a new model lifestyle approach campaign. The project distributes condoms, and is promoting condom use with motivational posters, buttons, and stickers. In some sites, condom sales have doubled.

Gonorrhea and Chlamydia Prevalence Study

This study included a cross-sectional survey to estimate the prevalence for gonorrhea and chlamydia, two STDs that are known to influence risk of HIV transmission. Antigua, Dominica, St. Lucia and St. Vincent have completed the study.

Upgrading STD Services

USAID is providing technical assistance to improve country capability to diagnose and treat STDs and educate STD patients about AIDS. Two STD clinic assessments have been conducted and participants from St. Lucia are being sponsored to attend a comprehensive course on STDs in Baltimore. USAID has also worked with CAREC to develop a training manual for health care workers on STDs and a new clinic intake form.

Regional AIDS Education Program

Project Hope is providing AIDS education through workshops and teleconferences. The project includes integrating AIDS as a topic in health sciences curricula in educational institutions, training 700 health care providers in effective communication skills in AIDS counseling, and training 200 AIDS counselors selected among teachers, clergy, school counselors, and social workers.

AIDS Information Hotline

Hotline training for the region was completed and a pilot hotline in Trinidad graduated from USAID assistance. Another hotline was established in St. Lucia with a planned toll-free hookup to St. Vincent.

Screening of Pooled Sera

This study assessed the applicability of screening HIV antibodies using pooled sera as a precise and cost-effective approach. Preliminary analysis suggests that accuracy is not compromised in using the pooling technique, and that this method could produce a significant cost savings of National AIDS Control Programs.

Cost Recovery for Blood Screening

USAID has provided technical assistance in exploring strategies for promoting cost recovery for blood transfusion services through assessing current and planned blood transfusion services, developing a plan for financial sustainability, and implementing and monitoring a cost recovery program.

Training Health Professionals

Several training programs for health care providers were conducted in the region and included workshops on

social marketing, health promotion strategies, hotline development, condom promotion, prevention counseling, and KABP implementation. An extensive AIDS prevention counseling training guide was published and more than 600 copies have been distributed throughout the region.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census in the most representative studies available.

***Based on total number of condoms shipped by all donors.

HAITI

SITUATION ANALYSIS: Studies show that HIV seroprevalence rates are very high in select groups of individuals. Among pregnant women living in one slum in Port-Au-Prince, HIV seroprevalence was found to be approximately 10%. Economic and social instability and cultural sexual norms all contribute to the spread of HIV. Among prostitutes tested in Haiti, 60% are HIV-infected. Studies show that 80% of the time, a young male's first sexual experience is with a prostitute, which further promotes the spread of the disease. Although there is a high level of awareness about AIDS, the level of knowledge about how it is transmitted is very low.

Reported Cases: 2456

(Date of last report: 12/31/89)

***Increase over 1989 Report:** 5%

Total Population: 6,500,970

Cumulative Incidence:

377.8 per million

****HIV Seroprevalence:**

Urban - High Risk 41.9%

Low Risk 4.9%

Rural - Low Risk 3.0%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 15.8

1990 - 25.0

USAID STRATEGY: USAID is working with both the public and private sectors to build a solid base of information about AIDS and how it is transmitted. Many of Haiti's AIDS programs are currently implemented by local PVOs. Interventions reaching prostitutes will continue to be emphasized. USAID will also focus additional programs on adolescents and sexually active males and will expand collaboration with the Ministry of Health.

USAID FUNDING, 1990: \$1,229,707

USAID-SUPPORTED COUNTRY PROGRAMS

AIDS Education in Gonaives

USAID and the Centers for Development and Health (CDS) continue to support AIDS education and prevention as a priority in its successful community health programs in Gonaives. Six AIDS outreach workers and 46 community outreach workers who live in the area have been trained to counsel clients awaiting services at the health center, distribute condoms, visit homes regularly, and help individuals assess and take steps to reduce their risk of infection with HIV.

Community-Based AIDS Prevention Campaign

The Haitian National Institute for Social Welfare and Research (IBESR) and the Center for Haitian Social Services (CHASS), using a peer-educator approach, provide ongoing AIDS education and condom distribution to 5,000 prostitutes and approximately 20,000 of their clients. Services have been expanded to Gonaives and Cap-Haïtien, where additional peer educators have been trained to conduct outreach services in these cities.

AIDS In the Workplace

Groupe de Lutte Anti-Sida (GLAS) is a consortium of private sector companies whose goal is to reduce the risk of HIV infection to their employees. The project reaches 150,000 public and private sector workers in Port-Au-Prince, and has established an AIDS information dissemination system. Through the development of educational materials, peer education, and condom distribution, the program motivates these employees to adopt safer sexual behaviors.

AIDS Modeling Project

The Futures Group is conducting a field test in Haiti of the AIDS Impact Model, a microcomputer-based presentation version of the Interagency Working Group's epidemiologic projection model. The model will be used to present up-to-date information about the projected course and impact of the AIDS epidemic in Haiti for the National AIDS Committee and other

key policy makers. The first of several planned workshops was held to introduce the different types of models that can be used.

Development of an STD Clinic in Gonaives

An STD clinic has been established in Gonaives to diagnose and treat STDs, distribute condoms, and thereby slow the spread of HIV. The clinic also provides HIV testing and counseling services.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.



JAMAICA

SITUATION ANALYSIS: Sexual transmission is the most important mode of HIV transmission. Although the number of confirmed cases has been relatively low, the moderately high seroprevalence rate is indicative of a large problem to come. If present transmission trends are not curbed, the socioeconomic impact on this small country could be enormous. The growing prevalence of other STDs and certain types of drug use, and the limited resource capacity of the public health care system to respond, makes the threat of a major AIDS epidemic loom large in Jamaica.

Reported Cases: 183

(Date of last report: 9/30/90)

***Increase over 1989 Report:** 30%

Total Population: 2,438,000

Cumulative Incidence:

76.2 per million

****HIV Seroprevalence:**

Urban - High Risk 14.6%

Low Risk 0.3%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 32.8

1990 - 36.9

USAID STRATEGY: USAID's strategy regarding STDs and AIDS incorporates the need for preventive educational activities, applied operations research and improved STD diagnosis and treatment facilities of the MOH. Emphasis has focused on strengthening the institutional capacity of the MOH, and promoting close collaboration between the various institutions working on AIDS prevention.

USAID FUNDING, 1990: \$1,009,250

USAID-SUPPORTED COUNTRY PROGRAMS

HIV/AIDS Programs Linked with STD Programs

From its inception, Jamaica's national HIV/AIDS control program has been formally linked with the national system for STD control. Fifteen new STD Contact Investigators are being trained and deployed to extend STD clinic services to all 14 of Jamaica's parishes. Jamaica is benefiting from both short-term and long-term technical assistance from the Centers for Disease Control, including placement this year of a long-term HIV/AIDS/STD surveillance advisor. Priority areas include development of an STD surveillance system and introduction of a new prenatal test in Jamaica's largest STD clinic. Substantial technical assistance has been aimed at improving STD prevention and control efforts. USAID's communication programs provide HIV/AIDS prevention counseling training, condom skills training, and other assistance to health personnel who see STD-related cases.

Technical Assistance for Research

The National AIDS/STD control program is conducting two behavioral research studies, a women's health study with prostitutes and a condom use study with a group of sexually active men. A goal of both studies is to determine if appropriate intervention measures designed specifically for these populations would reduce the high-risk behavior that leads to HIV infection. The women's health study measures knowledge about HIV, sexual practices, condom use and condom skills. The study with men focuses on condoms, particularly condom-related skills.

Public Information: An Integrated Approach

A national knowledge, attitudes, behavior and practices (KABP) survey revealed high levels of knowledge about HIV transmission and prevention, but little sense of personal control about being able to protect oneself from HIV infection and little effective behavior change. National public information channels are shifting their emphasis from simply providing information to seeking to stimulate and support behavior change. The telephone

hotline service, called Helpline, continues to train volunteer operators in counseling techniques, and collects data on callers. A national mass media (radio, print, and TV) campaign will promote the Helpline service and will focus on behavior change, especially on safer sex practices. Through an innovative application of hotline communication, Helpline operators will conduct a survey of callers to measure the effectiveness of the media campaign. A speakers bureau is expanding to link with existing community-based networks to reinforce mass media messages through face-to-face communication. Public relations activities, such as issuing press releases, will complement paid advertising. This concerted effort to link communication activities takes advantage of mass media and natural social networks.

Public Information

AIDS /STD hotline has been established and provides ongoing training of volunteers, revision of data collection materials, and development of a promotion plan. Training and other materials were extensively distributed throughout the health care system, and plans are underway for the next national mass media campaign, linking mass media with interpersonal interventions.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

MEXICO

SITUATION ANALYSIS: The number of AIDS cases in Mexico has increased significantly over the past several years. Homosexual and bisexual transmission accounts for close to 80% of reported AIDS cases, with males aged 25-44 being at highest risk. Urban population groups of middle and high socioeconomic strata have the highest incidence of HIV infection. Mexico has an extensive private sector network that is motivated to provide AIDS prevention services.

Reported Cases: 5907

(Date of last report: 12/31/90)

***Increase over 1989 Report:** 42%

Total Population: 81,140,922

Cumulative Incidence:

72.8 per million

****HIV Seroprevalence:**

Urban - High Risk 2.2%

Low Risk 0.7%

*****Number of Condoms Available per**

Urban Adult Male:

1989 - 1.2

1990 - 4.2

USAID STRATEGY: USAID funds as many different projects as possible in Mexico, rather than placing all of the funding in one organization or project. Though collaboration with CONASIDA, Mexico's well-established national AIDS prevention program, is considerable, the NGO community in Mexico has grown increasingly active in AIDS prevention and education, and will continue to be the primary vehicle for USAID's presence in Mexico.

USAID FUNDING, 1990: \$942,166

USAID-SUPPORTED COUNTRY PROGRAMS

Community-Based AIDS Prevention Project in Ciudad Juarez

The Mexican Federation of Private Family Planning Associations (FEMAP) continues to integrate HIV prevention activities into its community-based family planning distribution network. Seventy volunteer health promoters and four coordinators provide condoms and AIDS/STD education to more than 1,400 prostitutes. Plans for project expansion are currently underway.

Direct Treatment and Prevention Costs of AIDS

A comprehensive project was completed with CONASIDA-Mexico to estimate the cost of AIDS in Mexico. The project included retrospective and time and motion studies to observe and quantify resources expended on the treatment of persons with AIDS. Results indicate that the financing of AIDS treatment has already created an overwhelming burden on Mexican hospitals. The cost to Mexican hospitals and families of persons with AIDS is U.S. \$4,400, or 2.5 times higher than the Mexican per capita GNP. Results from this study are shared with other Latin American health care planners so that the lessons learned can strengthen a wide range of health delivery programs.

Role of Pharmacies in AIDS Education

The Mexican Research Institute on Family and Population (IMIFAP) is assessing the feasibility of using pharmacies in STD and AIDS prevention. The project will determine current knowledge of pharmacy workers regarding STDs, AIDS, and the role of condoms in their prevention, and will develop and evaluate condom marketing materials and a training program for pharmacy workers.

Intervention Research

An Alternative Educational Strategies Intervention Project identified the relative benefits of passive versus interactive dissemination of AIDS prevention messages. Development has also begun of a research design for an ethnographic study among males whose

behaviors place them at high risk in Mexico City. The study will determine the principal networks for information dissemination and social interaction within this group in order to identify appropriate channels of information and support for behavior change.

NGO Support

USAID, through an NGO based in Guadalajara, is conducting research to determine effective access strategies for reaching men with high-risk behaviors. An innovative study design will help establish how to reach various sub-populations of men at risk.

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

**HIV seroprevalence data include information collected by the U.S. Bureau of Census on the most representative studies available.

***Based on total number of condoms shipped by all donors.

**U.S. Institutions Involved in
USAID-Funded AIDS
Prevention Activities**

**Academy for Educational
Development**
Washington, DC

**The Adventist Development and
Relief Agency**
Washington, DC

**African Medical & Research
Foundation**
New York, NY

**American Association for the
Advancement of Science**
Washington, DC

**Annenberg School of
Communication**
University of Pennsylvania
Philadelphia, PA

Ansell, Inc.
Washington, DC

Bureau of the Census
Washington, DC

CARE
New York, NY

Case Western Reserve University
Cleveland, OH

Catholic Relief Services
Baltimore, MD

**Centre for Development and
Population Activities**
Washington, DC

Centers for Disease Control
Atlanta, GA

Columbia University
New York

East Virginia Medical School
Norfolk, VA

Experiment in International Living
Washington, DC

Family Health International
Research Triangle Park, NC

The Futures Group
Glastonbury, CT

Howard University
Washington, DC

**International Science and
Technology Institute**
Washington, DC

**International Center for Research
on Women**
Washington, DC

**International Planned Parenthood
Federation**
Western Hemisphere

The Johns Hopkins University
Baltimore, MD

John Snow, Inc.
Washington, DC

Management Sciences for Health
Boston, MA

**Minnesota International Health
Volunteers**
Minneapolis, MN

The NAMES Project
San Francisco, CA

National Academy of Sciences
Washington, DC

**National Center for Nursing
Research**
Bethesda, MD

**National Council for International
Health**
Washington, DC

National Institute on Aging
Bethesda, MD

**National Institute of Allergy and
Infectious Diseases**
Bethesda, MD

**National Institute on Child Health
and Human Development**
Bethesda, MD

Pan American Health Organization
Washington, DC

Partners of the Americas
Washington, DC

Pathfinder Fund
Watertown, MA

People-to-People Health Foundation
Millwood, VA

Population Council
New York, NY

Population Services International
Washington, DC

Porter Novelli
Washington, DC

PrismDAE Corporation
Washington, DC

**Program for Appropriate
Technology in Health**
Seattle, WA

Project HOPE
Millwood, VA

Project San Francisco
San Francisco, CA

Save the Children Federation
Westport, CT

**Tulane University School of
Public Health**
New Orleans, LA

**University of California at
Los Angeles**
Los Angeles, CA

**University of California at
San Francisco**
San Francisco, CA

University of Illinois
Chicago, IL

University of Michigan
Ann Arbor, MI

University of Pennsylvania
Philadelphia, PA

University Research Corporation
Bethesda, MD

University of Washington
Seattle, WA

**Uniformed Services University of
the Health Sciences**
Rockville, MD

**World Vision Relief and
Development**
Monrovia, CA



USAID Fiscal Year 1990 Obligations for HIV
Prevention and AIDS Activities

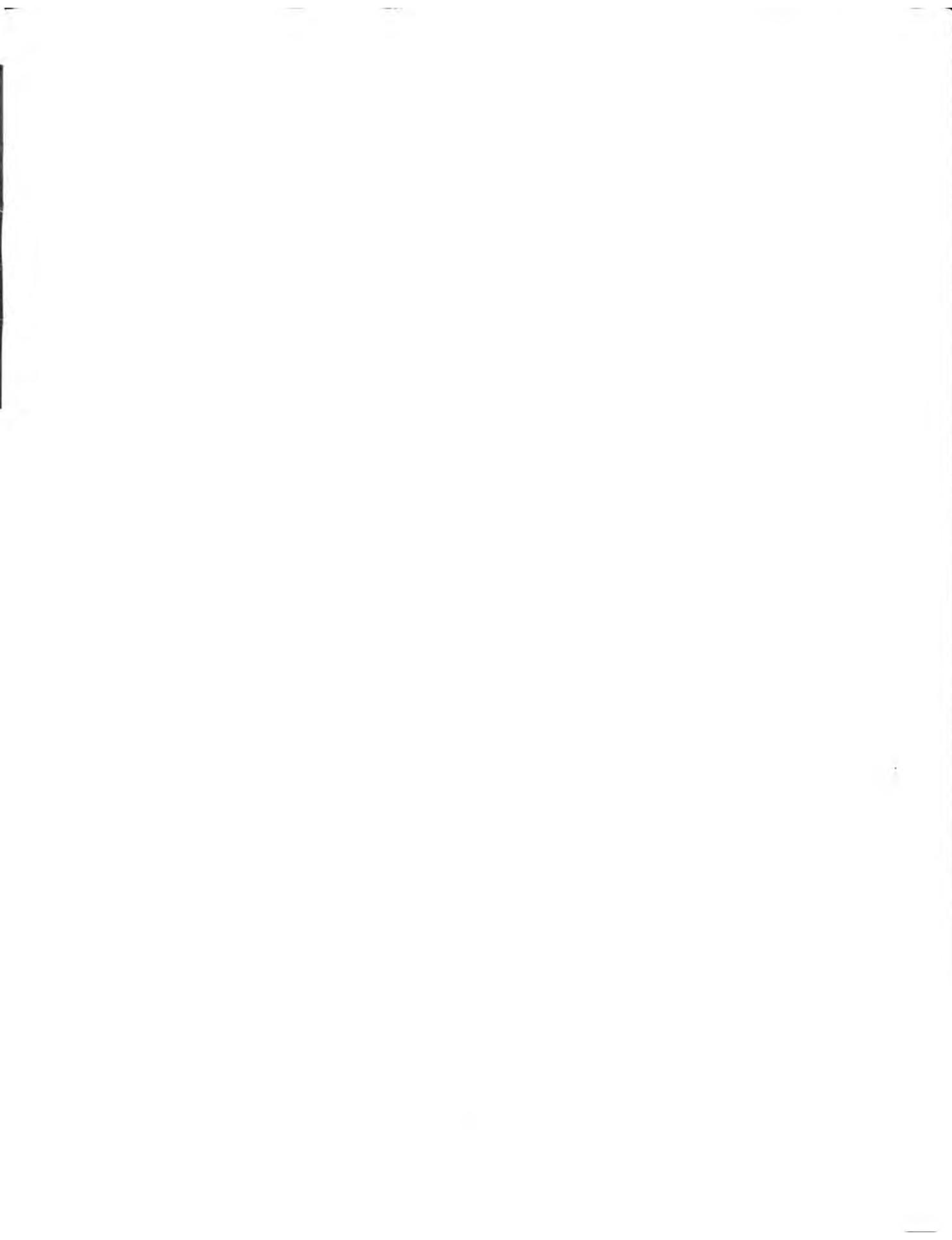
Region/Country	AIDS Account	Health Account	Population Account	Economic Support Fund	Development Fund For Africa	Other Accounts	FY 90 Total
Africa Region	2,152,158	162,500	10,000		87,000	65,000	2,476,658
Botswana	226,893						226,893
Burkina Faso	75,469				255,000		330,469
Burundi	29,341						29,341
Cameroon	431,277				250,000		681,277
Central African Republic	77,067				350,000		427,067
Congo	20,000						20,000
Cote d'Ivoire	119,665				131,300		250,965
Gambia	7,916						7,916
Ghana	31,591						31,591
Kenya	549,196		273,536		208,000		1,030,732
Malawi	494,329				582,300		1,076,629
Mali	62,177						62,177
Mauritania	2,302						2,302
Niger	47,664	60,000					107,664
Nigeria	231,483						231,483
Rwanda	233,475						233,475
South Africa	9,118				75,000		84,118
Swaziland	154,618				170,000		324,618
Tanzania	102,983	46,000			700,000		848,983
Togo	9,778						9,778
Uganda	1,257,627	523,160	15,000		173,300		1,969,087
Zaire	1,216,587	126,100	9,000		1,370,000		2,721,687
Zambia	47,742						47,742
Zimbabwe	387,476						387,476
AFRICA TOTAL	\$7,977,932	\$917,760	\$307,536		\$4,351,900	\$65,000	\$13,620,128
Asia Region	385,159	78,500					463,659
Indonesia	126,893						126,893
South Pacific		200,000				62,000	262,000
Thailand	366,828						366,828
ASIA TOTAL	\$878,880	\$278,500				\$62,000	\$1,219,380

Region/Country	AIDS Account	Health Account	Population Account	Economic Support Fund	Development Fund For Africa	Other Accounts	FY 90 Total
Europe and Near East Region	283,659	32,500		25,238			341,397
Morocco	6,067	116,000	87,000			50,000	259,067
Philippines	28,666	355,381	920,400				1,304,447
Yemen		3,200					3,200
EUROPE AND NEAR EAST TOTAL	\$318,392	\$507,081	\$1,007,400	\$25,238		\$50,000	\$1,908,111
Latin America and the Caribbean (LAC) Region							
Belize	778,894	97,500				35,000	876,394
Bolivia	163,172	175,000					338,172
Brazil	309,891	8,000	25,000			13,000	355,891
Chile	128,107						128,107
Colombia	79,400						79,400
Costa Rica	9,542						9,542
Dominican Republic	750,455	350,000					1,100,455
Eastern Caribbean	874,245	420,625					1,294,870
Ecuador	93,550						93,550
El Salvador	124,594		60,000				184,594
Guatemala	32,770		94,800			66,000	193,570
Haiti	1,009,707	100,000	20,000			100,000	1,229,707
Honduras	1,159	39,960				23,210	64,329
Jamaica	564,250	445,000					1,009,250
Mexico	942,166						942,166
Peru	129,951	50,000					179,951
LAC TOTAL	\$5,991,853	\$1,686,085	\$199,800			\$237,210	\$8,114,948
Interregional WHO/GPA	5,121,018	70,000	698,810			14,257	5,904,085
	\$20,615,000						\$20,615,000
GRAND TOTAL	\$40,903,075	\$3,459,426	\$2,213,546	\$25,238	\$4,351,900	\$428,467	\$51,381,652

Acronyms

ABEPF: Brazilian Association of Family Planning Entities, Brazil	CMA: Crescent Medical Aid, Kenya	IMPACT: Implementing Agency for Cooperation and Training, Brazil	
ADRA: The Adventist Development and Relief Agency, USA	CONASIDA: Mexican National AIDS Committee, Mexico	IPPF: International Planned Parenthood Federation/Western Hemisphere	
AIDS: Acquired immune deficiency syndrome	DPF: Duang Prateep Foundation, Thailand	IWG: Interagency Working Group, USA	
AIM: AIDS Impact Model	EIL: Experiment in International Living, USA	IVDU: Intravenous drug user	PDA: Population and Community Development Association, Thailand
AMREF: African Medical and Research Foundation, USA	FCC: Federal Coordinating Committee, USA	KABP: Knowledge, attitude, behavior and practice	PROCETS: National AIDS Control Program, Dominican Republic
BEMFAM: Sociedade Civil Bem-Estar Familiar no Brasil, Brazil	FCCIS: International Subcommittee of the Federal Coordinating Committee, USA	MCS: Mexicans Against AIDS, Mexico	PSI: Population Services International, USA
BRL: Bureau of Research and Laboratories, Philippines	FEMAP: Mexican Federation of Private Family Planning Organizations, Mexico	MOH: Ministry of Health	PVO: Private voluntary organization
CAREC: Caribbean Epidemiology Centre	FLPS: Family Life Promotion and Services Center, Kenya	NAC: National AIDS Committee	RITM: Research Institute of Tropical Medicine, Philippines
CBD: Community-based distributor	FUE: Federation of Uganda Employers, Uganda	NACS: National AIDS Control Service	SANRU: Rural Health Project, Zaire
CBO: Community-based organization	GLAS: Group Against AIDS, Haiti	NCIH: National Council for International Health, USA	STD: Sexually transmitted disease
CCII: Center for Control and Immunological Investigation, USA	GPA: Global Programme on AIDS (World Health Organization)	NGO: Nongovernmental organization	TASO: The AIDS Support Organization, Uganda
CDC: Centers for Disease Control, USA	HAPA: HIV/AIDS Prevention in Africa Project (USAID)	NIA: National Institute on Aging, USA	UNICEF: United Nations Children's Fund
CDS: Centers for Development and Health, Haiti	HIV: Human immunodeficiency virus	NICHIP: National Institute on Child Health and Human Development, USA	USAID: United States Agency for International Development, USA
CEDPA: Centre for Development and Population Activities, USA	IFAR: International Forum for AIDS Research (National Academy of Sciences), USA	NCNR: National Center for Nursing Research, USA	USUHS: Uniformed Services University of the Health Sciences, USA
CIR: Center for International Research, U.S. Bureau of the Census, USA	IMIFAP: Mexican Research Institute on Family and Population, Mexico	PAHO: Pan American Health Organization	WHO: World Health Organization, Switzerland







U.S. Agency for International Development